UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
Region III – 6th & Walnut Sts.
Philadelphia, Pa. 19106

Salisbury Comments

Hooker Chemical

BJECT: RCRA Inspection– MDD056497589

DATE: June 10, 1982

OM Harry J. Weber, Environmental Scientist
Superfund/RCRA Compliance Section (3AW23)

: File

Thru: Walter F. Lee, Chief
Superfund/RCRA Compliance Section (3AW23)

BASED UPON A REVIEW OF THE RCRA INSPECTION REPORT FOR THE FACILITY REFERENCED ABOVE, I HAVE DETERMINED THAT NO FURTHER ACTION IS REQUIRED AT THIS TIME.

State of Maryland
Department of Health and Mental Hygiene
Office of Environmental Programs
201 W. Preston St., Balto. MD 21201

YR MO DY: 8 2 0 3 2 9

TIME: 1330

DHS Inspection Form
Generators/TSD Facilities

EPA ID Number: MDO056497589

TELEPHONE: 301-749-0344

Owner/Operator Hooker Chemical and Plastic Corp. Facility Name Hooker Chemical - Salisbury Plant

Address Route 6, Goddard Parkway, Box 14 Salisbury, Maryland Zip 21801

Description of Work Activity Manufacture, Print, and Laminate PVC Film

I. Generators

A. *Description (10.51.03.01-.03)*

1) Does the Facility generate or has it accumulated those quantities of hazardous waste described in 10.51.02.05 C.? ✓ Yes, ____ No.
2) Has the facility obtained an EPA identification number? ✓ Yes, ____ No.
3) Describe the amount of waste generated. (day, week or month) approx. 1500 gallons / month
4) Under which category is the waste(s)?
✓ Ignitable ____ Reactive ____ Corrosive
____ EP Toxic ✓ RCRA Listed F005

B. *Manifest (10.51.03.04)*

1) Is Maryland manifest system in operation for off-site shipment? ✓ Yes, ____ No.
2) Is TSD Facility to receive DHS identified by YES Name, YES Address, YES EPA ID Number?
3) Is alternate facility identified? ____ Yes, ✓ No.
4) Is generator identified by YES Name, YES Address, YES Telephone Number, YES MD/EPA ID Number?
5) Is each transporter identified by YES Name, YES EPA ID Number, YES Maryland Certification Number? Vehicle Cert. No.
6) Is waste property described? ✓ Yes, ____ No.
7) Is shipment date marked? ✓ Yes, ____ No.
8) Is quantity of waste described by ____ Unit of Weight, ✓ Volume? described in gallons (capacity)
9) Are containers to be loaded identified by YES Type, YES Number?
10) Is proper certification noted and signed by generator? ✓ Yes, ____ No.
11) Are adequate copies available for operator, transporter and TSD? ✓ Yes, ____ No.

C. *Pre-Transport Requirements (10.51.03.05)*

1) Is each container marked with date accumulation began? ✓ Yes, ✗ No. If yes, has any waste been stored over 90 days? ____ Yes, ✓ No. How much ____
2) Are containers in good condition? ✓ Yes, ____ No. If no, explain ____
3) Are containers properly labeled? ✓ Yes, ✗ No.
4) Does generator have approved emergency contingency plan? ✓ Yes, ____ No.

D. *Recordkeeping and Reporting (10.51.03.06)*

1) Does the generator have: copies of all signed manifests from the previous three years? ✓ Yes, ____ No; copies of each Annual Report and Exception Report? ____ Yes, ____ No. N/A
2) Does the generator retain, for a period of three years, all wastes analyses? ✓ Yes, ____ No.
3) Has the generator filed Exception Reports as required by 10.51.03.06 C? ____ Yes, ____ No. N/A

II. Treatment, Storage, Disposal (TSD)

A. *Site characterization (10.51.05.02)*

1) Facility Type
____ Thermal Treatment ____ Biological Treatment
____ Recycling/Recovery ____ Land Treatment
____ Waste Oil ____ Incineration
____ Chemical Treatment ____ Landfill Operation
____ Physical Treatment ____ Below Ground Tanks
____ Open Pile ____ Other ____
____ Surface Impoundment ____
____ Drums ____
____ Above Ground Tank(s) ____

2) Does facility generate DHS? ____ Yes, ____ No.
3) Does facility have waste analysis plan? ____ Yes, ____ No. If yes, are the procedures of that plan being followed? ____ Yes, ____ No.
4) Can facility personnel identify DHS being handled? ____ Yes, ____ No.
5) Can facility personnel confirm that DHS received equal those on manifest form? ____ Yes, ____ No.
6) Is there a 24-Hour surveillance system to monitor active portion of facility? ____ Yes, ____ No.
If No, is there an artificial or natural boundary? ____ Yes, ____ No. Is there a means to control entry? ____ Yes, ____ No. Is there a restricted access sign posted? ____ Yes, ____ No.
7) Does facility have: ____ emergency equipment inspection log, ____ written schedule for inspections, ____ security devices, operating & structural prevention equipment?
8) Have facility personnel completed classroom/on-site training? ____ Yes, ____ No.
Are records maintained of: ____ Job titles/names of employees ____ job descriptions, ____ Type/amount of continuing training?
9) Are general requirements for Ignitable, Reactive or Incompatible Wastes as required in 10.51.05.02 H addressed? ____ Yes, ____ No.

B. *Preparedness and Prevention (10.51.05.03)*

1) Facility has the following equipment? ____ Internal communication/alarm system for on-site personnel. ____ device for summoning emergency assistance. ____ adequate fire control equipment, water, & suppression chemicals, ____ list of aforementioned equipment.
2) Does facility have adequate area for emergency movement? ____ Yes, ____ No.

C. *Contingency Plan and Emergency Procedures (10.51.05.04)*

1) Does facility have an approved contingency plan for: ____ Personnel to implement emergency procedures to fire, explosions, and unplanned releases to air, soil and water?
____ Responding emergency units to provide assistance during emergency situations?
____ A list of emergency equipment needed to cope with situation?
2) Are emergency response coordinators listed by name, address, & phone number? ____ Yes, ____ No.
3) Is there an evacuation plan if recommended? ____ Yes, ____ No.
4) Are emergency coordinators available on twenty-four hour basis? ____ Yes, ____ No.

D. *Manifest System, Recordkeeping, and Reporting (10.51.05.05)*

Facility has a written operating record which contains the following information:

1) ____ description & quantity of DHS received.
2) ____ method & date of DHS treatment, storage, or disposal.
3) ____ location & quantity at each DHS location in facility.
4) ____ detailed records & results of waste analysis & treatability tests performed.
5) ____ detailed operating summary reports.
6) ____ description of emergency incidents that required implementation of contingency plan.
7) ____ records & results of inspections of emergency equipment, TSD systems & hazardous waste areas.
8) Has facility retained, for at least 3 years, copies of all manifests? ____ Yes, ____ No.

5) Are the following items maintained in the operating record: _____on a map, the exact location and dimensions, including depth, of each cell with respect to permanently surveyed benchmarks? _____contents of each cell and approximate location of each hazardous waste type within the cell?

6) Are bulk, non-containerized or waste containing free liquids placed in the landfill? _____Yes, _____No. If yes: _____ is a leachate collection system available to remove leachate?, and _____is the liquid stabilized or treated physically or chemically prior to disposal?

7) Are empty containers crushed flat or shredded before burial in the landfill? _____Yes, _____No.

8) Are containers holding liquid wastes (or waste containing free liquids placed in the landfill? _____Yes, _____No. If yes, describe containers on comments below.

9) Are ignitable or reactive wastes placed in a landfill? _____Yes, _____No. If yes: _____Is the waste treated, rendered, or mixed before or immediately after placement in the landfill so that the resulting waste, mixture, or dissolution of material no longer meets the definition of ignitable or reactive waste? _____Are incompatible wastes segregated in different landfill cells?

M. Incinerator/Thermal Treatment (10.51.05.15 & .16)

1) Prior to burning waste not previously incinerated or thermally processed, does the operator conduct waste analysis for the following:
   _____heating value of the waste;
   _____halogen content and sulfur in the waste;
   _____concentrations of lead and mercury unless documented data is available which show these elements not to be present?

2) Are instruments related to combustion and emission control monitored at least every 15 minutes? _____Yes, _____No.

3) Is the stack plume observed visually at least hourly for color and opacity? _____Yes, _____No, _____N/A.

4) Is the incinerator or thermal process and associated equipment inspected daily for leaks, spills and fugitive emissions? _____Yes, _____No.

5) Is all of the above information documented in the facility's operating record? _____Yes, _____No.

N. Chemical, Physical and Biological Treatment (10.51.05.17)

1) Are all treatment processes or equipment in good condition, i.e., no signs of leakage, corrosion or any other deterioration? _____Yes, _____No.

2) Are treatment processes or equipment with continuous inflow of hazardous waste equipped with a means to stop the inflow? (e.g., waste feed cutoff system or bypass system to a standby containment device) _____Yes, _____No.

3) Are waste analyses performed or written documentation obtained before placing a substantially different hazardous waste into treatment processes or equipment? _____Yes, _____No.

4) Is this information recorded in the facility's operating record? _____Yes, _____No.

5) Are daily inspections conducted for discharge control equipment (e.g., bypass systems, waste feed cutoff systems, drainage systems and pressure relief systems)? _____Yes, _____No.

6) Is data gathered from monitoring equipment (e.g., pressure and temperature gauges) daily? _____Yes, _____No.

7) Are construction materials of the treatment process or equipment and the immediate surrounding area inspected weekly for signs of leakage, corrosion or any other deterioration? _____Yes, _____No.

8) Are the results of these inspections recorded in an inspection log or summary? _____Yes, _____No.

9) Are ignitable or reactive wastes placed in a treatment process? _____Yes, _____No. If yes:
   _____Are wastes treated, rendered, or mixed before or immediately after placement in the treatment process or equipment so that the resulting waste, mixture, or dissolution of material no longer meets the definition of ignitable or reactive wastes under Section 261.21 or 261.23 of the RCRA Regulations?
   _____Are wastes treated in such a way that they are protected from any material or conditions which may cause the waste to ignite or react?

10) Are incompatible wastes kept from being placed in the same treatment process or equipment? _____Yes, _____No.

O. Permit Requirements (10.51.07)

1) Does the facility have a DHS permit for its activity? _____Yes, _____No.
   If no, has the facility submitted an application for a DHS permit? _____Yes, _____No.

2) List any special Permit requirements that are not in full compliance.

Comments: The above facility closed down the calender operation in January 1992. Therefore, the calender unit, the electrostatic precipitators, and the cooling tower are not in operation. Just the printing plant portion is operating. Waste Solvent Storage Area: 21 DRUMS of waste solvent were present, all up on pallets, no leakage observed, containers in good condition, however; one DRUM did not exhibit a Hazardous Waste Label. The facility shall place the proper hazardous waste label on the drum immediately. The earliest starting accumulation date observed was 01/29/92. Inspection of the manifests of the most recent off-site shipment (Notes): 1/27/92 - Waste Solvent, Non Flammable, Methyl Ethyl Ketone Based, F005, 2750 gallons, 55 DR, Hauler - [illegible] Inc, Facility - [illegible] Inc. 3/25/92 - Waste Solvent Non Flammable, Methyl Ethyl Ketone [illegible] [illegible], 50 DR, F005 [illegible] 99.9, HAULER: [illegible] Inc, FACILITY: [illegible] Inc.

Inspector's Name: [illegible] Fatima Title: Waste Mgmt Admin - Inspector

Facility Location: HECKER CHEMICAL Salisbury Plant Goddard Pkwy Salisbury, MD

Facility Rep. present during inspection: Barry Seldomridge Title: Plant Engineer

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
Region III – 6th & Walnut Sts.
Philadelphia, Pa. 19106

BJECT: RCRA Inspection– Hooker Chemical MDD056497589

DATE: June 10, 1982

OM Harry J. Weber, Environmental Scientist
Superfund/RCRA Compliance Section (3AW23)

: File

Thru: Walter E. Lee, Chief
Superfund/RCRA Compliance Section (3AW23)

BASED UPON A REVIEW OF THE RCRA INSPECTION REPORT FOR THE FACILITY REFERENCED ABOVE, I HAVE DETERMINED THAT NO FURTHER ACTION IS REQUIRED AT THIS TIME.

State of Maryland
Department of Health and Mental Hygiene
Office of Environmental Programs
201 W. Preston St., Balto. MD 21201

DHS Inspection Form
Generators/TSD Facilities

YR 82 MO 01 DY 21

TIME 1030

EPA ID Number: MDD056497589

TELEPHONE: 301-749-0344

Owner/Operator Hooker Chemical + Plastic Corp. Facility Name Hooker Chemical

Address Box 14, Goddard Parkway, Rt 6 Salisbury, Maryland Zip 21801

Description of Work Activity Manufacture, Print, and laminate PVC Film

I. Generators

A. Description (10.51.03.01-.03)

1) Does the Facility generate or has it accumulated those quantities of hazardous waste described in 10.51.02.05 C.? ✓ Yes, ____ No.
2) Has the facility obtained an EPA identification number? ✓ Yes, ____ No.
3) Describe the amount of waste generated. (day, week or month) approx. 975 gallons / month
4) Under which category is the waste(s)?
✓ Ignitable ____ Reactive ____ Corrosive
____ EP Toxic ✓ RCRA Listed F005

B. Manifest (10.51.03.04)

1) Is Maryland manifest system in operation for off-site shipment? ✓ Yes, ____ No.
2) Is TSD Facility to receive DHS identified by YES Name, YES Address, YES EPA ID Number?
3) Is alternate facility identified? ____ Yes, ✓ No.
4) Is generator identified by YES Name, YES Address, YES Telephone Number, YES MD/EPA ID Number?
5) Is each transporter identified by YES Name, YES EPA ID Number, YES Maryland Certification Number? Vehicle Cert. No.
6) Is waste property described? ✓ Yes, ____ No.
7) Is shipment date marked? ✓ Yes, ____ No.
8) Is quantity of waste described by ____ Unit of Weight, ____ Volume? described in gallons (capacity)
9) Are containers to be loaded identified by ✓ Type, ✓ Number?
10) Is proper certification noted and signed by generator? ✓ Yes. ____ No.
11) Are adequate copies available for operator, transporter and TSD? ✓ Yes, ____ No.

(manifested) - 10/13/81

C. Pre-Transport Requirements (10.51.03.05)

1) Is each container marked with date accumulation began? ✓ Yes, ____ No. If yes, has any waste been stored over 90 days? ✓ Yes, ____ No. How much three 55-gallon drums
2) Are containers in good condition? ✓ Yes, ____ No. If no, explain ____
3) Are containers properly labeled? ✓ Yes, ____ No.
4) Does generator have approved emergency contingency plan? ✓ Yes, ____ No.

exception

Comments

D. Recordkeeping and Reporting (10.51.03.06)

1) Does the generator have: copies of all signed manifests from the previous three years? ✓ Yes, ____ No; copies of each Annual Report and Exception Report? ____ Yes, ____ No. N/A
2) Does the generator retain, for a period of three years, all wastes analyses? ____ Yes, ____ No. Waste is listed
3) Has the generator filed Exception Reports as required by 10.51.03.06 C? ____ Yes. ____ No. N/A

II. Treatment, Storage, Disposal (TSD)

A. Site characterization (10.51.05.02)

1) Facility Type
____ Thermal Treatment ____ Biological Treatment
____ Recycling/Recovery ____ Land Treatment
____ Waste Oil ____ Incineration
____ Chemical Treatment ____ Landfill Operation
____ Physical Treatment ____ Below Ground Tanks
____ Open Pile ____ Other ____
____ Surface Impoundment ____
____ Drums ____

2) Does facility generate DHS? ____ Yes, ____ No.
3) Does facility have waste analysis plan? ____ Yes, ____ No. If yes, are the procedures of that plan being followed? ____ Yes, ____ No.
4) Can facility personnel identify DHS being handled? ____ Yes, ____ No.
5) Can facility personnel confirm that DHS received equal those on manifest form? ____ Yes, ____ No.
6) Is there a 24-Hour surveillance system to monitor active portion of facility? ____ Yes, ____ No. If No, is there an artificial or natural boundary? ____ Yes, ____ No. Is there a means to control entry? ____ Yes, ____ No. Is there a restricted access sign posted? ____ Yes, ____ No.
7) Does facility have: ____ emergency equipment inspection log, ____ written schedule for inspections, ____ security devices, operating & structural prevention equipment?
8) Have facility personnel completed classroom/on-site training? ____ Yes, ____ No. Are records maintained of: ____ Job titles/names of employees ____ job descriptions, ____ Type/amount of continuing training?
9) Are general requirements for Ignitable, Reactive or Incompatible Wastes as required in 10.51.05.02 H addressed? ____ Yes, ____ No.

B. Preparedness and Prevention (10.51.05.03)

1) Facility has the following equipment? ____ Internal communication/alarm system for on-site personnel, ____ device for summoning emergency assistance, ____ adequate fire control equipment, water, & suppression chemicals, ____ list of aforementioned equipment.
2) Does facility have adequate area for emergency movement? ____ Yes, ____ No.

C. Contingency Plan and Emergency Procedures (10.51.05.04)

1) Does facility have an approved contingency plan for: ____ Personnel to implement emergency procedures to fire, explosions, and unplanned releases to air, soil and water? ____ Responding emergency units to provide assistance during emergency situations? ____ A list of emergency equipment needed to cope with situation?
2) Are emergency response coordinators listed by name, address, & phone number? ____ Yes, ____ No.
3) Is there an evacuation plan if recommended? ____ Yes, ____ No.
4) Are emergency coordinators available on twenty-four hour basis? ____ Yes, ____ No.

D. Manifest System, Recordkeeping, and Reporting (10.51.05.05)

Facility has a written operating record which contains the following information:

1) ____ description & quantity of DHS received.
2) ____ method & date of DHS treatment, storage, or disposal.
3) ____ location & quantity at each DHS location in facility.
4) ____ detailed records & results of waste analysis & treatability tests performed.
5) ____ detailed operating summary reports.
6) ____ description of emergency incidents that required implementation of contingency plan.
7) ____ records & results of inspections of emergency equipment, TSD systems & hazardous waste areas.
8) Has facility retained, for at least 3 years, copies of all mani-

This facility is a GENERATOR ∴ Page not applicable.

E. Groundwater Monitoring (10.51.05.06)

1) Has facility implemented a groundwater monitoring program? _____Yes, _____No, _____N/A.
2) Are samples from the groundwater monitoring system being analyzed according to the groundwater sampling and analyses plan? _____Yes, _____No.
3) Is this plan set up in accordance with 10.51.05.06 C? _____Yes, _____No.
4) Has groundwater quality assessment program been prepared? _____Yes, _____No.
5) Are proper groundwater sampling and analyses records kept? _____Yes, _____No.
6) Are the necessary reports on groundwater monitoring information being forwarded to the Secretary? _____Yes, _____No.
7) Do the reports match the facility records? _____Yes, _____No.

F. Closure, Post-closure, and Financial Requirement (10.51.05.07 & .08)

1) Does the facility have an approved closure plan that meets the financial requirements? _____Yes, _____No.
2) For surface impoundments, land treatment, and landfills, does the facility have an approved post-closure plan that meets the financial requirements? _____Yes, _____No.
3) Does facility maintain liability insurance? _____Yes, _____No.

G. Container Management (10.51.05.09)

1) Are all containers: (a)_____ in good condition, i.e., no signs of leakage, corrosion, or any other deterioration/deformation; (b)_____ lined or made of compatible material such that hazardous wastes placed into them will not result in reaction or corrosion; (c)_____sealed during storage.
2) Are storage areas for hazardous waste containers inspected by owner/operator at least once a week? _____Yes, _____No.
3) Is an inspection log maintained? _____Yes, _____No.
4) Are containers holding ignitable or reactive waste located at least 50 feet from the facility's property line? _____Yes, _____No.
5) Are incompatible wastes placed in separate containers? _____Yes, _____No.
6) Are storage containers holding hazardous wastes which are incompatible with nearby materials stored in containers, tanks, piles, or surface impoundments separated by dikes, berms, walls, or other devices? _____Yes, _____No.

H. Tanks (10.51.05.10)

1) Are all tanks in good condition, i.e., no signs of leakage, corrosion, or any other deterioration: _____Yes, _____No.
2) Are uncovered tanks operated to ensure a minimum of two feet of freeboard? _____Yes, _____No.
   If not, is tank equipped with a containment structure (e.g., dike or trench), a drainage control system, or a diversion structure (e.g., standby tank) with a capacity that equals or exceeds the volume of top 2 ft. of the tank? _____Yes, _____No.
3) Are tanks with continuous inflow of hazardous waste equipped with a means to stop this inflow (e.g., waste feed cut-off system or by-pass to a standby tank)? _____Yes, _____No.
4) Are waste analyses conducted or written documentation obtained before placing a substantially different hazardous waste into tank used for storage or treatment? _____Yes, _____No.
5) Are daily inspections conducted for discharge control equipment (e.g., by-pass systems, waste feed cut-off systems and drainage systems)? _____Yes, _____No.
6) Is data gathered from monitoring equipment (e.g., pressure and temperature gauges) at least once each operating day? _____Yes. _____No.
7) Is the level of waste in the tank checked at least once each operating day? _____Yes. _____No.
8) Is (are) the tank(s) inspected weekly to detect corrosion or leaking of fixtures or seams? _____Yes. _____No.
9) Are the results of these inspections recorded in an inspection log or summary? _____Yes _____No.
10) Are ignitable or reactive wastes stored in tanks? _____Yes. _____No. If yes:
    a) Is the waste treated, rendered, or mixed before or immediately after placement in the tank so that the resulting waste, mixture, or dissolution of materials no longer meets the definition of ignitable or reactive wastes under Parts 261.21 or 261.23 of the RCRA Regulations? _____Yes, _____No.
    b) Is waste stored or treated in such a way that it is protected from material or conditions which may cause the waste to ignite or react? _____Yes. _____No.
    c) Is owner/operator of a facility which treats or stores ignitable or reactive wastes in covered tanks in compliance with the National Fire Protection Association's (NEPA's) buffer zone requirements for tanks contained in tables 2-1 through 2-6 of the "Flammable and Combustible Code—1977"? _____Yes, _____No.

I. Surface Impoundments (10.51.05.11)

1) Is two feet of freeboard maintained in the surface impoundment? _____Yes, _____No,
2) Do all earthen dikes have protective covers (e.g., grass, shale or rock) to minimize wind and water erosion and to preserve dike structural integrity? _____Yes. _____No.
3) Are waste analyses conducted or written documentation obtained before placing a substantially different hazardous waste into a surface impoundment used for storage or treatment? _____Yes, _____No.
4) Is the freeboard level inspected daily? _____Yes, _____No.
5) Is the surface impoundment, including dikes and vegetation, inspected weekly to detect leaks, deterioration, or failures in the impoundment? _____Yes. _____No.
6) Are the results of these inspections recorded in an inspection log or summary? _____Yes, _____No.
7) Are ignitable or reactive wastes stored in a surface impoundment? _____Yes, _____No. If yes:
   a) Is the waste treated, rendered, or mixed before or immediately after placement in the impoundment so that the resulting waste, mixture or dissolution of material no longer meets the definition of ignitable or reactive waste under Parts 261.21 or 261.23 of the RCRA Regulations? _____Yes, _____No.
   b) Are incompatible wastes segregated in separate surface impoundments so that spontaneous reactions are avoided? _____Yes, _____No.

J. Waste Pile (10.51.05.12)

1) Is wind dispersal of the pile controlled? _____Yes, _____No, _____Not Needed.
2) Are additions to the pile being analyzed prior to adding them to the pile? _____Yes, _____No.
3) Is hazardous waste leachate or runoff collected? _____Yes, _____No. Is the pile protected from precipitation and run-on? _____Yes, _____No.
4) Are ignitible or reactive wastes protected from materials or conditions that might cause it to ignite or react? _____Yes, _____No, _____N/A.
5) Are incompatible wastes hauled in a manner as to assure separation? _____Yes, _____No, _____N/A.

K. Land Treatment (10.51.05.13)

1) Will the use of land treatment result in the waste being less hazardous or non-hazardous? _____Yes, _____No.
2) Is run-on diverted away from the active portion of the facility? _____Yes, _____No. Is run-off from the active portion of the facility collected? _____Yes, _____No.
3) Has the proper waste analyses been peformed? _____Yes, _____No.
4) If food chain crops are to be grown on the active portion of the facility has the necessary documentation required been provided? _____Yes, _____No.
5) Has the owner/operator written and implemented an unsaturated zone monitoring plan? _____Yes, _____No.
6) Have the additional requirements for a closure and post-closure plan been addressed? _____Yes, _____No.
7) Are ignitable or reactive wastes immediately incorporated into the soil? _____Yes, _____No.
8) Are incompatible wastes hauled according to 10.51.05.13 I? _____Yes, _____No.

L. Landfills (10.51.05.14)

1) Is run-on diverted away from the facility's active portions? _____Yes. _____No.
2) Is run-off collected from the landfill's active portions? _____Yes. _____No.
3) Has a hazardous waste determination been made on the run-off? (Identification and Listing of Hazardous Waste) _____Yes, _____No.
4) Is the landfill managed so as to control wind dispersal? _____Yes, _____No.

5) Are the following items maintained in the operating record: ______on a map, the exact location and dimensions, including depth, of each cell with respect to permanently surveyed benchmarks? ______contents of each cell and approximate location of each hazardous waste type within the cell?

6) Are bulk, non-containerized or waste containing free liquids placed in the landfill? ______Yes, ______No. If yes: ______ is a leachate collection system available to remove leachate?, and ______is the liquid stabilized or treated physically or chemically prior to disposal?

7) Are empty containers crushed flat or shredded before burial in the landfill? ______Yes, ______No.

8) Are containers holding liquid wastes (or waste containing free liquids placed in the landfill? ______Yes, ______No. If yes, describe containers on comments below.

9) Are ignitable or reactive wastes placed in a landfill? ______Yes, ______No. If yes: ______Is the waste treated, rendered, or mixed before or immediately after placement in the landfill so that the resulting waste, mixture, or dissolution of material no longer meets the definition of ignitable or reactive waste? ______Are incompatible wastes segregated in different landfill cells?

M. Incinerator/Thermal Treatment (10.51.05.15 & .16)

1) Prior to burning waste not previously incinerated or thermally processed, does the operator conduct waste analysis for the following:
______heating value of the waste;
______halogen content and sulfur in the waste;
______concentrations of lead and mercury unless documented data is available which show these elements not to be present?

2) Are instruments related to combustion and emission control monitored at least every 15 minutes? ______Yes, ______No.

3) Is the stack plume observed visually at least hourly for color and opacity? ______Yes, ______No, ______N/A.

4) Is the incinerator or thermal process and associated equipment inspected daily for leaks, spills and fugitive emissions? ______Yes, ______No.

5) Is all of the above information documented in the facility's operating record? ______Yes, ______No.

N. Chemical, Physical and Biological Treatment (10.51.05.17)

1) Are all treatment processes or equipment in good condition, i.e., no signs of leakage, corrosion or any other deterioration? ______Yes, ______No.

2) Are treatment processes or equipment with continuous inflow of hazardous waste equipped with a means to stop the inflow? (e.g., waste feed cutoff system or bypass system to a standby containment device) ______Yes, ______No.

3) Are waste analyses performed or written documentation obtained before placing a substantially different hazardous waste into treatment processes or equipment? ______Yes, ______No.

4) Is this information recorded in the facility's operating record? ______Yes, ______No.

5) Are daily inspections conducted for discharge control equipment (e.g., bypass systems, waste feed cutoff systems, drainage systems and pressure relief systems)? ______Yes, ______No.

6) Is data gathered from monitoring equipment (e.g., pressure and temperature gauges) daily? ______Yes, ______No.

7) Are construction materials of the treatment process or equipment and the immediate surrounding area inspected weekly for signs of leakage, corrosion or any other deterioration? ______Yes, ______No.

8) Are the results of these inspections recorded in an inspection log or summary? ______Yes, ______No.

9) Are ignitable or reactive wastes placed in a treatment process? ______Yes, ______No. If yes:
______Are wastes treated, rendered, or mixed before or immediately after placement in the treatment process or equipment so that the resulting waste, mixture, or dissolution of material no longer meets the definition of ignitable or reactive wastes under Section 261.21 or 261.23 of the RCRA Regulations?
______Are wastes treated in such a way that they are protected from any material or conditions which may cause the waste to ignite or react?

10) Are incompatible wastes kept from being placed in the same treatment process or equipment? ______Yes, ______No.

O. Permit Requirements (10.51.07)

1) Does the facility have a DHS permit for its activity? ______Yes, ______No.
If no, has the facility submitted an application for a DHS permit? ______Yes, ______No.

2) List any special Permit requirements that are not in full compliance.

Comments: ~~This writer discussed the following with B. Schlemmidge:~~ This writer discussed with Ron Lubcher, Hazardous Waste Division, the washwater which is generated by washing down the electrostatic precipitators. Specifically, the plasticizers which volatilize and are collected by the precipitators. Neither the dioctyl phthalate or the di isodecyl phthalate is listed as a hazardous waste in COMAR 10.51.02.14-.17. However, di isodecyl phthalate is considered to have moderately toxic + irritant characteristics. It is recommended that the facility receiving the waste oil be briefed that it contains an amount of these plasticizers. The waste oil tank, which also contains the plasticizers, is presently pumped and hauled to American Recovery.

This facility last made an off-site shipment (manifested) of waste solvent on 10/13/81. At present three 55-gallon drums have been stored over 90 days (starting accumulation dates of 10/15, 10/12, 10/15). Four other 55-gallon drums were observed with starting accumulation dates in October, 1981. Mr. Ed Warick, Warehouse Foreman (Shipping & [illegible]) [illegible] that [illegible] (Hauler) had been contacted, but [illegible] explained to this facility that their [illegible] permit in the State of MD expired Jan. 1982 and [illegible] for renewal + sent two reg. letters to MD, they have not yet received their permit. [illegible] [illegible] list. This writer will immediately inform + discuss this situation with the [illegible] [illegible]

Forty-eight drums of waste solvent were stored [illegible]. All drums were labeled [illegible]

No leakage or spillage was observed.

Inspector's Name: [illegible] Title: [illegible]

Facility Location: [illegible]

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
Region III – 6th & Walnut Sts.
Philadelphia, Pa. 19106

Hooker Chemical & Plastics
MDD 05 649 7589

:T: RCRA Inspection–

DATE: June 22, 1982

Harry J. Weber, Environmental Scientist
Superfund/RCRA Compliance Section (3AW23)

File

Thru: Walter F. Lee, Chief
Superfund/RCRA Compliance Section (3AW23)

BASED UPON A REVIEW OF THE RCRA INSPECTION REPORT FOR THE FACILITY REFERENCED ABOVE, I HAVE DETERMINED THAT NO FURTHER ACTION IS REQUIRED AT THIS TIME.

State of Maryland
Department of Health and Mental Hygiene
Office of Environmental Programs
201 W. Preston St., Balto. MD 21201

YR | MO | DY: 8 2 0 3 2 9

TIME: 1330

DHS Inspection Form
Generators/TSD Facilities

EPA ID Number: MD 0 0 5 6 4 9 7 5 8 9

TELEPHONE: 301-749-0344

Owner/Operator Hooker Chemical and Plastic Corp. Facility Name Hooker Chemical Salisbury Plant

Address Route 6, Goddard Parkway, Box 14 Salisbury, Maryland Zip 21801

Description of Work Activity Manufacture, Print, and Laminate PVC Film

I. Generators

A. Description (10.51.03.01-.03)

1) Does the Facility generate or has it accumulated those quantities of hazardous waste described in 10.51.02.05 C.? ✓ Yes, ____ No.
2) Has the facility obtained an EPA identification number? ✓ Yes, ____ No.
3) Describe the amount of waste generated. (day, week or month) approx. 1500 gallons / month
4) Under which category is the waste(s)?
✓ Ignitable ____ Reactive ____ Corrosive
____ EP Toxic ✓ RCRA Listed F005

B. Manifest (10.51.03.04)

1) Is Maryland manifest system in operation for off-site shipment? ✓ Yes, ____ No.
2) Is TSD Facility to receive DHS identified by YES Name, YES Address, YES EPA ID Number?
3) Is alternate facility identified? ____ Yes, ✓ No.
4) Is generator identified by YES Name, YES Address, YES Telephone Number, YES MD/EPA ID Number?
5) Is each transporter identified by YES Name, YES EPA ID Number, YES Maryland Certification Number? Vehicle Cert. No.
6) Is waste property described? ✓ Yes, ____ No.
7) Is shipment date marked? ✓ Yes, ____ No.
8) Is quantity of waste described by ____ Unit of Weight, ✓ Volume? described in gallons (CAPACITY)
9) Are containers to be loaded identified by YES Type, YES Number?
10) Is proper certification noted and signed by generator? ✓ Yes, ____ No.
11) Are adequate copies available for operator, transporter and TSD? ✓ Yes, ____ No.

C. Pre-Transport Requirements (10.51.03.05)

1) Is each container marked with date accumulation began? ✓ Yes, * No. If yes, has any waste been stored over 90 days? ____ Yes, ✓ No. How much ____
NENTS
2) Are containers in good condition? ✓ Yes, ____ No. If no, explain ____
3) Are containers properly labeled? ✓ Yes, * No.
4) Does generator have approved emergency contingency plan? ✓ Yes, ____ No.

D. Recordkeeping and Reporting (10.51.03.06)

1) Does the generator have: copies of all signed manifests from the previous three years? ✓ Yes, ____ No; copies of each Annual Report and Exception Report? ____ Yes, ____ No. N/A
2) Does the generator retain, for a period of three years, all wastes analyses? ✓ Yes, ____ No.
3) Has the generator filed Exception Reports as required by 10.51.03.06 C? ____ Yes, ____ No. N/A

II. Treatment, Storage, Disposal (TSD)

A. Site characterization (10.51.05.02)

1) Facility Type
____ Thermal Treatment
____ Recycling/Recovery
____ Waste Oil
____ Chemical Treatment
____ Physical Treatment
____ Open Pile
____ Surface Impoundment
____ Drums
____ Above Ground Tank(s)
____ Biological Treatment
____ Land Treatment
____ Incineration
____ Landfill Operation
____ Below Ground Tanks
____ Other ____

2) Does facility generate DHS? ____ Yes, ____ No.
3) Does facility have waste analysis plan? ____ Yes, ____ No. If yes, are the procedures of that plan being followed? ____ Yes, ____ No.
4) Can facility personnel identify DHS being handled? ____ Yes, ____ No.
5) Can facility personnel confirm that DHS received equal those on manifest form? ____ Yes, ____ No.
6) Is there a 24-Hour surveillance system to monitor active portion of facility? ____ Yes, ____ No.
If No, is there an artificial or natural boundary? ____ Yes, ____ No. Is there a means to control entry? ____ Yes, ____ No. Is there a restricted access sign posted? ____ Yes, ____ No.
7) Does facility have: ____ emergency equipment inspection log, ____ written schedule for inspections, ____ security devices, operating & structural prevention equipment?
8) Have facility personnel completed classroom/on-site training? ____ Yes, ____ No.
Are records maintained of: ____ Job titles/names of employees ____ job descriptions, ____ Type/amount of continuing training?
9) Are general requirements for Ignitable, Reactive or Incompatible Wastes as required in 10.51.05.02 H addressed? ____ Yes, ____ No.

B. Preparedness and Prevention (10.51.05.03)

1) Facility has the following equipment? ____ Internal communication/alarm system for on-site personnel, ____ device for summoning emergency assistance, ____ adequate fire control equipment, water, & suppression chemicals, ____ list of aforementioned equipment.
2) Does facility have adequate area for emergency movement? ____ Yes, ____ No.

C. Contingency Plan and Emergency Procedures (10.51.05.04)

1) Does facility have an approved contingency plan for:
____ Personnel to implement emergency procedures to fire, explosions, and unplanned releases to air, soil and water?
____ Responding emergency units to provide assistance during emergency situations?
____ A list of emergency equipment needed to cope with situation?
2) Are emergency response coordinators listed by name, address, & phone number? ____ Yes, ____ No.
3) Is there an evacuation plan if recommended? ____ Yes, ____ No.
4) Are emergency coordinators available on twenty-four hour basis? ____ Yes, ____ No.

D. Manifest System, Recordkeeping, and Reporting (10.51.05.05)

Facility has a written operating record which contains the following information:

1) ____ description & quantity of DHS received.
2) ____ method & date of DHS treatment, storage, or disposal.
3) ____ location & quantity at each DHS location in facility.
4) ____ detailed records & results of waste analysis & treatability tests performed.
5) ____ detailed operating summary reports.
6) ____ description of emergency incidents that required implementation of contingency plan.
7) ____ records & results of inspections of emergency equipment, TSD systems & hazardous waste areas.
8) Has facility retained, for at least 3 years, copies of all manifests? ____ Yes ____ No.

5) Are the following items maintained in the operating record: _____on a map, the exact location and dimensions, including depth, of each cell with respect to permanently surveyed benchmarks? _____contents of each cell and approximate location of each hazardous waste type within the cell?
6) Are bulk, non-containerized or waste containing free liquids placed in the landfill? _____Yes, _____No. If yes: _____ is a leachate collection system available to remove leachate?, and _____is the liquid stabilized or treated physically or chemically prior to disposal?
7) Are empty containers crushed flat or shredded before burial in the landfill? _____Yes, _____No.
8) Are containers holding liquid wastes (or waste containing free liquids placed in the landfill? _____Yes, _____No. If yes, describe containers on comments below.
9) Are ignitable or reactive wastes placed in a landfill? _____Yes, _____No. If yes: _____Is the waste treated, rendered, or mixed before or immediately after placement in the landfill so that the resulting waste, mixture, or dissolution of material no longer meets the definition of ignitable or reactive waste? _____Are incompatible wastes segregated in different landfill cells?

M. Incinerator/Thermal Treatment (10.51.05.15 & .16)

1) Prior to burning waste not previously incinerated or thermally processed, does the operator conduct waste analysis for the following:
_____heating value of the waste;
_____halogen content and sulfur in the waste;
_____concentrations of lead and mercury unless documented data is available which show these elements not to be present?
2) Are instruments related to combustion and emission control monitored at least every 15 minutes? _____Yes, _____No.
3) Is the stack plume observed visually at least hourly for color and opacity? _____Yes, _____No, _____N/A.
4) Is the incinerator or thermal process and associated equipment inspected daily for leaks, spills and fugitive emissions? _____Yes, _____No.
5) Is all of the above information documented in the facility's operating record? _____Yes, _____No.

N. Chemical, Physical and Biological Treatment (10.51.05.17)

1) Are all treatment processes or equipment in good condition, i.e., no signs of leakage, corrosion or any other deterioration? _____Yes, _____No.
2) Are treatment processes or equipment with continuous inflow of hazardous waste equipped with a means to stop the inflow? (e.g., waste feed cutoff system or bypass system to a standby containment device) _____Yes, _____No.
3) Are waste analyses performed or written documentation obtained before placing a substantially different hazardous waste into treatment processes or equipment? _____Yes, _____No.
4) Is this information recorded in the facility's operating record? _____Yes, _____No.
5) Are daily inspections conducted for discharge control equipment (e.g., bypass systems, waste feed cutoff systems, drainage systems and pressure relief systems)? _____Yes, _____No.
6) Is data gathered from monitoring equipment (e.g., pressure and temperature gauges) daily? _____Yes, _____No.
7) Are construction materials of the treatment process or equipment and the immediate surrounding area inspected weekly for signs of leakage, corrosion or any other deterioration? _____Yes, _____No.
8) Are the results of these inspections recorded in an inspection log or summary? _____Yes, _____No.
9) Are ignitable or reactive wastes placed in a treatment process? _____Yes, _____No. If yes:
_____Are wastes treated, rendered, or mixed before or immediately after placement in the treatment process or equipment so that the resulting waste, mixture, or dissolution of material no longer meets the definition of ignitable or reactive wastes under Section 261.21 or 261.23 of the RCRA Regulations?
_____Are wastes treated in such a way that they are protected from any material or conditions which may cause the waste to ignite or react?
10) Are incompatible wastes kept from being placed in the same treatment process or equipment? _____Yes, _____No.

O. Permit Requirements (10.51.07)

1) Does the facility have a DHS permit for its activity? _____Yes, _____No.
If no, has the facility submitted an application for a DHS permit? _____Yes, _____No.
2) List any special Permit requirements that are not in full compliance.

Comments: The above facility closed down the calender operation in January 1992. Therefore, the calender unit, the electrostatic precipitators, and the cooling tower are not in operation. Just the painting plant portion is operating. Waste Solvent Storage Area: 21 DRUMS of waste solvent were present, all up on pallets, no leakage observed, containers in good condition, however, one DRUM did not exhibit a Hazardous Waste label. This facility shall place the proper hazardous waste label on this drum immediately. The earliest starting accumulation date observed was 01/29/82. Inspection of the manifests of the most recent off-site shipment (NOTE): 1/27/82 - Waste Solvent, NOS Flammable, Methyl Ethyl Ketone Liquid, F005, 2750 gallons, 55 DR, Hauler - Marsol, Inc, Facility - Marsol, Inc 3/25/82 - Waste Solvent, NOS Flammable, Methyl Ethyl Ketone Liq, 4000 gal, 80 DR, F005 conc 99.9, HAULER - Marsol, Inc, FACILITY Marsol, Inc.

Inspector's Name: W. Fortune Title: Waste Mgmt Admin - Inspector

Facility Location: HOOKER CHEMICAL Salisbury Plant Goodrich Pkwy Salisbury, MD

Facility Rep. present during inspection: Barry Goldsmith Title: Plant Engineer

State of Maryland
Department of Health and Mental Hygiene
Office of Environmental Programs
201 W. Preston St., Balto. MD 21201

YR 82 MO 01 DY 21

TIME 1030

DHS Inspection Form
Generators/TSD Facilities

EPA ID Number: MDD056497589

TELEPHONE: 301-749-0344

Owner/Operator Hooker Chemical + Plastic Corp. Facility Name Hooker Chemical

Address Box 14, Goddard Parkway, Rt 6 Salisbury, Maryland Zip 21801

Description of Work Activity Manufacture, Print, and laminate PVC. Film

I. Generators

A. Description (10.51.03.01-.03)

1) Does the Facility generate or has it accumulated those quantities of hazardous waste described in 10.51.02.05 C.? ✓ Yes, ____ No.
2) Has the facility obtained an EPA identification number? ✓ Yes, ____ No.
3) Describe the amount of waste generated. (day, week or month) approx. 975 gallons / month
4) Under which category is the waste(s)? ✓ Ignitable ____ Reactive ____ Corrosive ____ EP Toxic ✓ RCRA Listed F005

B. Manifest (10.51.03.04)

1) Is Maryland manifest system in operation for off-site shipment? ✓ Yes, ____ No.
2) Is TSD Facility to receive DHS identified by YES Name, YES Address, YES EPA ID Number?
3) Is alternate facility identified? ____ Yes, ✓ No.
4) Is generator identified by YES Name, YES Address, YES Telephone Number, YES MD/EPA ID Number?
5) Is each transporter identified by YES Name, YES EPA ID Number, YES Maryland Certification Number? Vehicle Cert. No.
6) Is waste property described? ✓ Yes, ____ No.
7) Is shipment date marked? ✓ Yes, ____ No.
8) Is quantity of waste described by ____ Unit of Weight, ____ Volume? described in gallons (capacity)
9) Are containers to be loaded identified by ✓ Type, ✓ Number?
10) Is proper certification noted and signed by generator? ✓ Yes, ____ No.
11) Are adequate copies available for operator, transporter and TSD? ✓ Yes, ____ No.

(manifested) - 10/13/81

C. Pre-Transport Requirements (10.51.03.05)

1) Is each container marked with date accumulation began? ✓ Yes, * No. If yes, has any waste been stored over 90 days? ✓ Yes, ____ No. How much three 55-gallon drums
2) Are containers in good condition? ✓ Yes, ____ No. If no, explain ____
3) Are containers properly labeled? ✓ Yes, ____ No.
4) Does generator have approved emergency contingency plan? ✓ Yes, ____ No.

option

Comments

D. Recordkeeping and Reporting (10.51.03.06)

1) Does the generator have: copies of all signed manifests from the previous three years? ✓ Yes, ____ No; copies of each Annual Report and Exception Report? ____ Yes, ____ No. N/A
2) Does the generator retain, for a period of three years, all wastes analyses? ____ Yes, ____ No. Waste is listed
3) Has the generator filed Exception Reports as required by 10.51.03.06 C? ____ Yes, ____ No. N/A

II. Treatment, Storage, Disposal (TSD)

A. Site characterization (10.51.05.02)

1) Facility Type
____ Thermal Treatment ____ Biological Treatment
____ Recycling/Recovery ____ Land Treatment
____ Waste Oil ____ Incineration
____ Chemical Treatment ____ Landfill Operation
____ Physical Treatment ____ Below Ground Tanks
____ Open Pile ____ Other ____
____ Surface Impoundment ____
____ Drums ____
____ Above Ground Tank(s) ____

2) Does facility generate DHS? ____ Yes, ____ No.
3) Does facility have waste analysis plan? ____ Yes, ____ No. If yes, are the procedures of that plan being followed? ____ Yes, ____ No.
4) Can facility personnel identify DHS being handled? ____ Yes, ____ No.
5) Can facility personnel confirm that DHS received equal those on manifest form? ____ Yes, ____ No.
6) Is there a 24-Hour surveillance system to monitor active portion of facility? ____ Yes, ____ No. If No, is there an artificial or natural boundary? ____ Yes, ____ No. Is there a means to control entry? ____ Yes, ____ No. Is there a restricted access sign posted? ____ Yes, ____ No.
7) Does facility have: ____ emergency equipment inspection log, ____ written schedule for inspections, ____ security devices, operating & structural prevention equipment?
8) Have facility personnel completed classroom/on-site training? ____ Yes, ____ No. Are records maintained of: ____ Job titles/names of employees ____ job descriptions, ____ Type/amount of continuing training?
9) Are general requirements for Ignitable, Reactive or Incompatible Wastes as required in 10.51.05.02 H addressed? ____ Yes, ____ No.

B. Preparedness and Prevention (10.51.05.03)

1) Facility has the following equipment? ____ Internal communication/alarm system for on-site personnel, ____ device for summoning emergency assistance, ____ adequate fire control equipment, water, & suppression chemicals, ____ list of aforementioned equipment.
2) Does facility have adequate area for emergency movement? ____ Yes, ____ No.

C. Contingency Plan and Emergency Procedures (10.51.05.04)

1) Does facility have an approved contingency plan for: ____ Personnel to implement emergency procedures to fire, explosions, and unplanned releases to air, soil and water? ____ Responding emergency units to provide assistance during emergency situations? ____ A list of emergency equipment needed to cope with situation?
2) Are emergency response coordinators listed by name, address, & phone number? ____ Yes, ____ No.
3) Is there an evacuation plan if recommended? ____ Yes, ____ No.
4) Are emergency coordinators available on twenty-four hour basis? ____ Yes, ____ No.

D. Manifest System, Recordkeeping, and Reporting (10.51.05.05)

Facility has a written operating record which contains the following information:

1) ____ description & quantity of DHS received.
2) ____ method & date of DHS treatment, storage, or disposal.
3) ____ location & quantity at each DHS location in facility.
4) ____ detailed records & results of waste analysis & treatability tests performed.
5) ____ detailed operating summary reports.
6) ____ description of emergency incidents that required implementation of contingency plan.
7) ____ records & results of inspections of emergency equipment, TSD systems & hazardous waste areas.
8) Has facility retained, for at least 3 years, copies of all manifests? ____ Yes, ____ No.

This facility is a GENERATOR ∴ Page not applicable.

E. Groundwater Monitoring (10.51.05.06)

1) Has facility implemented a groundwater monitoring program? _____Yes, _____No, _____N/A.
2) Are samples from the groundwater monitoring system being analyzed according to the groundwater sampling and analyses plan? _____Yes, _____No.
3) Is this plan set up in accordance with 10.51.05.06 C? _____Yes, _____No.
4) Has groundwater quality assessment program been prepared? _____Yes, _____No.
5) Are proper groundwater sampling and analyses records kept? _____Yes, _____No.
6) Are the necessary reports on groundwater monitoring information being forwarded to the Secretary? _____Yes, _____No.
7) Do the reports match the facility records? _____Yes, _____No.

F. Closure, Post-closure, and Financial Requirement (10.51.05.07 & .08)

1) Does the facility have an approved closure plan that meets the financial requirements? _____Yes, _____No.
2) For surface impoundments, land treatment, and landfills, does the facility have an approved post-closure plan that meets the financial requirements? _____Yes, _____No.
3) Does facility maintain liability insurance? _____Yes, _____No.

G. Container Management (10.51.05.09)

1) Are all containers: (a)_____ in good condition, i.e., no signs of leakage, corrosion, or any other deterioration/deformation; (b)_____ lined or made of compatible material such that hazardous wastes placed into them will not result in reaction or corrosion; (c)_____sealed during storage.
2) Are storage areas for hazardous waste containers inspected by owner/operator at least once a week? _____Yes, _____No.
3) Is an inspection log maintained? _____Yes, _____No.
4) Are containers holding ignitable or reactive waste located at least 50 feet from the facility's property line? _____Yes, _____No.
5) Are incompatible wastes placed in separate containers? _____Yes, _____No.
6) Are storage containers holding hazardous wastes which are incompatible with nearby materials stored in containers, tanks, piles, or surface impoundments separated by dikes, berms, walls, or other devices? _____Yes, _____No.

H. Tanks (10.51.05.10)

1) Are all tanks in good condition, i.e., no signs of leakage, corrosion, or any other deterioration: _____Yes, _____No.
2) Are uncovered tanks operated to ensure a minimum of two feet of freeboard? _____Yes, _____No.
   If not, is tank equipped with a containment structure (e.g., dike or trench), a drainage control system, or a diversion structure (e.g., standby tank) with a capacity that equals or exceeds the volume of top 2 ft. of the tank? _____Yes, _____No.
3) Are tanks with continuous inflow of hazardous waste equipped with a means to stop this inflow (e.g., waste feed cut-off system or by-pass to a standby tank)? _____Yes, _____No.
4) Are waste analyses conducted or written documentation obtained before placing a substantially different hazardous waste into tank used for storage or treatment? _____Yes, _____No.
5) Are daily inspections conducted for discharge control equipment (e.g., by-pass systems, waste feed cut-off systems and drainage systems)? _____Yes, _____No.
6) Is data gathered from monitoring equipment (e.g., pressure and temperature gauges) at least once each operating day? _____Yes, _____No.
7) Is the level of waste in the tank checked at least once each operating day? _____Yes, _____No.
8) Is (are) the tank(s) inspected weekly to detect corrosion or leaking of fixtures or seams? _____Yes, _____No.
9) Are the results of these inspections recorded in an inspection log or summary? _____Yes _____No.
10) Are ignitable or reactive wastes stored in tanks? _____Yes, _____No. If yes:
    a) Is the waste treated, rendered, or mixed before or immediately after placement in the tank so that the resulting waste, mixture, or dissolution of materials no longer meets the definition of ignitable or reactive wastes under Parts 261.21 or 261.23 of the RCRA Regulations? _____Yes, _____No.
    b) Is waste stored or treated in such a way that it is protected from material or conditions which may cause the waste to ignite or react? _____Yes, _____No.
    c) Is owner/operator of a facility which treats or stores ignitable or reactive wastes in covered tanks in compliance with the National Fire Protection Association's (NEPA's) buffer zone requirements for tanks contained in tables 2-1 through 2-6 of the "Flammable and Combustible Code—1977"? _____Yes, _____No.

I. Surface Impoundments (10.51.05.11)

1) Is two feet of freeboard maintained in the surface impoundment? _____Yes, _____No.
2) Do all earthen dikes have protective covers (e.g., grass, shale or rock) to minimize wind and water erosion and to preserve dike structural integrity? _____Yes, _____No.
3) Are waste analyses conducted or written documentation obtained before placing a substantially different hazardous waste into a surface impoundment used for storage or treatment? _____Yes, _____No.
4) Is the freeboard level inspected daily? _____Yes, _____No.
5) Is the surface impoundment, including dikes and vegetation, inspected weekly to detect leaks, deterioration, or failures in the impoundment? _____Yes, _____No.
6) Are the results of these inspections recorded in an inspection log or summary? _____Yes, _____No.
7) Are ignitable or reactive wastes stored in a surface impoundment? _____Yes, _____No. If yes:
   a) Is the waste treated, rendered, or mixed before or immediately after placement in the impoundment so that the resulting waste, mixture or dissolution of material no longer meets the definition of ignitable or reactive waste under Parts 261.21 or 261.23 of the RCRA Regulations? _____Yes, _____No.
   b) Are incompatible wastes segregated in separate surface impoundments so that spontaneous reactions are avoided? _____Yes, _____No.

J. Waste Pile (10.51.05.12)

1) Is wind dispersal of the pile controlled? _____Yes, _____No, _____Not Needed.
2) Are additions to the pile being analyzed prior to adding them to the pile? _____Yes, _____No.
3) Is hazardous waste leachate or runoff collected? _____Yes, _____No. Is the pile protected from precipitation and run-on? _____Yes, _____No.
4) Are ignitible or reactive wastes protected from materials or conditions that might cause it to ignite or react? _____Yes, _____No, _____N/A.
5) Are incompatible wastes hauled in a manner as to assure separation? _____Yes, _____No, _____N/A.

K. Land Treatment (10.51.05.13)

1) Will the use of land treatment result in the waste being less hazardous or non-hazardous? _____Yes, _____No.
2) Is run-on diverted away from the active portion of the facility? _____Yes, _____No. Is run-off from the active portion of the facility collected? _____Yes, _____No.
3) Has the proper waste analyses been peformed? _____Yes, _____No.
4) If food chain crops are to be grown on the active portion of the facility has the necessary documentation required been provided? _____Yes, _____No.
5) Has the owner/operator written and implemented an unsaturated zone monitoring plan? _____Yes, _____No.
6) Have the additional requirements for a closure and post-closure plan been addressed? _____Yes, _____No.
7) Are ignitable or reactive wastes immediately incorporated into the soil? _____Yes, _____No.
8) Are incompatible wastes hauled according to 10.51.05.13 I? _____Yes, _____No.

L. Landfills (10.51.05.14)

1) Is run-on diverted away from the facility's active portions? _____Yes, _____No.
2) Is run-off collected from the landfill's active portions? _____Yes, _____No.
3) Has a hazardous waste determination been made on the run-off? (Identification and Listing of Hazardous Waste) _____Yes, _____No.
4) Is the landfill managed so as to control wind dispersal? _____Yes, _____No.

5) Are the following items maintained in the operating record: _____on a map, the exact location and dimensions, including depth, of each cell with respect to permanently surveyed benchmarks? _____contents of each cell and approximate location of each hazardous waste type within the cell?
6) Are bulk, non-containerized or waste containing free liquids placed in the landfill? _____Yes, _____No. If yes: _____ is a leachate collection system available to remove leachate?, and _____is the liquid stabilized or treated physically or chemically prior to disposal?
7) Are empty containers crushed flat or shredded before burial in the landfill? _____Yes, _____No.
8) Are containers holding liquid wastes (or waste containing free liquids placed in the landfill? _____Yes, _____No. If yes, describe containers on comments below.
9) Are ignitable or reactive wastes placed in a landfill? _____Yes, _____No. If yes: _____Is the waste treated, rendered, or mixed before or immediately after placement in the landfill so that the resulting waste, mixture, or dissolution of material no longer meets the definition of ignitable or reactive waste? _____Are incompatible wastes segregated in different landfill cells?

M. Incinerator/Thermal Treatment (10.51.05.15 & .16)

1) Prior to burning waste not previously incinerated or thermally processed, does the operator conduct waste analysis for the following:
_____heating value of the waste;
_____halogen content and sulfur in the waste;
_____concentrations of lead and mercury unless documented data is available which show these elements not to be present?
2) Are instruments related to combustion and emission control monitored at least every 15 minutes? _____Yes, _____No.
3) Is the stack plume observed visually at least hourly for color and opacity? _____Yes, _____No, _____N/A.
4) Is the incinerator or thermal process and associated equipment inspected daily for leaks, spills and fugitive emissions? _____Yes, _____No.
5) Is all of the above information documented in the facility's operating record? _____Yes, _____No.

N. Chemical, Physical and Biological Treatment (10.51.05.17)

1) Are all treatment processes or equipment in good condition, i.e., no signs of leakage, corrosion or any other deterioration? _____Yes, _____No.
2) Are treatment processes or equipment with continuous inflow of hazardous waste equipped with a means to stop the inflow? (e.g., waste feed cutoff system or bypass system to a standby containment device) _____Yes, _____No.
3) Are waste analyses performed or written documentation obtained before placing a substantially different hazardous waste into treatment processes or equipment? _____Yes, _____No.
4) Is this information recorded in the facility's operating record? _____Yes, _____No.
5) Are daily inspections conducted for discharge control equipment (e.g., bypass systems, waste feed cutoff systems, drainage systems and pressure relief systems)? _____Yes, _____No.
6) Is data gathered from monitoring equipment (e.g., pressure and temperature gauges) daily? _____Yes, _____No.
7) Are construction materials of the treatment process or equipment and the immediate surrounding area inspected weekly for signs of leakage, corrosion or any other deterioration? _____Yes, _____No.
8) Are the results of these inspections recorded in an inspection log or summary? _____Yes, _____No.
9) Are ignitable or reactive wastes placed in a treatment process? _____Yes, _____No. If yes:
_____Are wastes treated, rendered, or mixed before or immediately after placement in the treatment process or equipment so that the resulting waste, mixture, or dissolution of material no longer meets the definition of ignitable or reactive wastes under Section 261.21 or 261.23 of the RCRA Regulations?
_____Are wastes treated in such a way that they are protected from any material or conditions which may cause the waste to ignite or react?
10) Are incompatible wastes kept from being placed in the same treatment process or equipment? _____Yes, _____No.

O. Permit Requirements (10.51.07)

1) Does the facility have a DHS permit for its activity? _____Yes, _____No.
If no, has the facility submitted an application for a DHS permit? _____Yes, _____No.
2) List any special Permit requirements that are not in full compliance.

Comments: This writer discussed the following with B. Seldomridge: This writer discussed with Ron Lubcher, Hazardous Waste Division, the wastewater which is generated by washing down the electrostatic precipitators. Specifically, the plasticizers which volatilize and are collected by the precipitators. Neither the dioctyl phthalate or the di isodecyl phthalate is listed as a hazardous waste in COMAR 10.51.03.14-.19. However, di isodecyl phthalate is considered to have moderately toxic + irritant characteristics. It is recommended that the facility receiving the waste oil be briefed that it contains an amount of these plasticizers. The waste oil tank, which also contains the plasticizers, is presently pumped and hauled to American Recovery.

This facility last made an off-site shipment (manifested) of waste solvent on 10/13/91. At present, three 55-gallon drums have been stored over 90 days (starting accumulation dates of 10/15, 10/12, 10/15). Four other 55-gallon drums were observed with starting accumulation dates in October, 1991. Mr. Ed Wenrick, Warehouse Foreman/Shipping explained that MARISOL (Hauler) had been contacted, but MARISOL explained to this facility that their haulers permit in the ST of MD expired Jan. 1, 1992, and although they have applied for renewal + sent two reg. letters to MD, they have not yet received their PERMIT. MARISOL has informed the facility that as soon as they receive their permit, Hooker is first on their list. This writer will immediately inform + discuss this situation with the HAZARDOUS WASTE DIVISION (and discuss it again with the facility before the end of this week).

Forty-eight drums of waste solvent were stored this date. All drums were labelled; all but one drum had the Starting Accumulation Date (This should be immediately corrected). No leakage or spillage was observed.

Inspector's Name: W. Fortune Title: Waste Mgmt. Admin. - Inspector

Facility Location: Goddard Parkway Salisbury, Maryland

Facility Rep. present during inspection: B. Seldomridge Title: Plant Engineer

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

Region III – 6th & Walnut Sts.
Philadelphia, Pa. 19106

Occidental Chemcial Corp
Hooker Chemical
MDD 056 497 589

Salisbury Cemetery

RCRA Inspection-

DATE: July 20, 1982

arry J. Weber, Environmental Scientist
uperfund/RCRA Compliance Section (3AW23)

File

Thru: Walter F. Lee, Chief
Superfund/RCRA Compliance Section (3AW23)

BASED UPON A REVIEW OF THE RCRA INSPECTION REPORT FOR THE FACILITY REFERENCED ABOVE, I HAVE DETERMINED THAT NO FURTHER ACTION IS REQUIRED AT THIS TIME.

State of Maryland
Department of Health and Mental Hygiene
Office of Environmental Programs
201 W. Preston St., Balto. MD 21201

DHS Inspection Form
Generators/TSD Facilities

YR 82 MO 06 DY 23

TIME 0915

EPA ID Number MDO056497589

TELEPHONE 301-749-0344

OCCIDENTAL CHEMICAL CORPORATION

Owner/Operator Hooker Chemical and Plastic Corp. Facility Name Hooker Chemical

Address Route 6 Box 14 Goddard Parkway Salisbury, MD Zip 21801

Description of Work Activity Manufacture, Print, and Laminate PVC Film

I. Generators

A. Description (10.51.03.01-.03)

1) Does the Facility generate or has it accumulated those quantities of hazardous waste described in 10.51.02.05 C.? ✓ Yes, ____ No.
2) Has the facility obtained an EPA identification number? ✓ Yes, ____ No.
3) Describe the amount of waste generated. (day, week or month) approx. 1500 gallons / month
4) Under which category is the waste(s)?
   ✓ Ignitable ____ Reactive ____ Corrosive
   ____ EP Toxic ✓ RCRA Listed F005

B. Manifest (10.51.03.04)

1) Is Maryland manifest system in operation for off-site shipment? ✓ Yes, ____ No.
2) Is TSD Facility to receive DHS identified by NO Name, YES Address, YES EPA ID Number? NAME NOT IN GENERATOR SECTION
3) Is alternate facility identified? ____ Yes, ✓ No.
4) Is generator identified by YES Name, YES Address, YES Telephone Number, YES MD/EPA ID Number? VEH. CERT. NO.
5) Is each transporter identified by YES Name, YES EPA ID Number, YES Maryland Certification Number?
6) Is waste property described? ✓ Yes, ____ No.
7) Is shipment date marked? ✓ Yes, ____ No.
8) Is quantity of waste described by YES Unit of Weight, YES Volume? QUANTITY GALLONS
9) Are containers to be loaded identified by YES Type, YES Number?
10) Is proper certification noted and signed by generator? ✓ Yes, ____ No.
11) Are adequate copies available for operator, transporter and TSD? ✓ Yes, ____ No.

C. Pre-Transport Requirements (10.51.03.05)

1) Is each container marked with date accumulation began? ✓ Yes, ____ No. If yes, has any waste been stored over 90 days? ____ Yes, ✓ No. How much ____
2) Are containers in good condition? ✓ Yes, ____ No. If no, explain ____
3) Are containers properly labeled? ✓ Yes, ____ No.
4) Does generator have approved emergency contingency plan? ✓ Yes, ____ No.

D. Recordkeeping and Reporting (10.51.03.06)

1) Does the generator have: copies of all signed manifests from the previous three years? ✓ Yes, ____ No; N/A copies of each Annual Report and Exception Report? ____ Yes, ____ No. FACILITY HAS NOT FILED AN ANNUAL REPORT
2) Does the generator retain, for a period of three years, all wastes analyses? ____ Yes, ____ No. SEE COMMENTS
3) Has the generator filed Exception Reports as required by 10.51.03.06 C? ____ Yes, ____ No. N/A

II. Treatment, Storage, Disposal (TSD)

A. Site characterization (10.51.05.02)

1) Facility Type
   ____ Thermal Treatment ____ Biological Treatment
   ____ Recycling/Recovery ____ Land Treatment
   ____ Waste Oil ____ Incineration
   ____ Chemical Treatment ____ Landfill Operation
   ____ Physical Treatment ____ Below Ground Tanks
   ____ Open Pile ____ Other ____
   ____ Surface Impoundment ____
   ____ Drums ____
   ____ Above Ground Tank(s) ____

2) Does facility generate DHS? ____ Yes, ✓ No.
3) Does facility have waste analysis plan? ✓ Yes, ____ No. If yes, are the procedures of that plan being followed? ____ Yes, ____ No.
4) Can facility personnel identify DHS being handled? ____ Yes, ____ No.
5) Can facility personnel confirm that DHS received equal those on manifest form? ____ Yes, ____ No.
6) Is there a 24-Hour surveillance system to monitor active portion of facility? ____ Yes, ____ No.
   If No, is there an artificial or natural boundary? ____ Yes, ____ No. Is there a means to control entry? ____ Yes, ____ No. Is there a restricted access sign posted? ____ Yes, ____ No.
7) Does facility have: ____ emergency equipment inspection log, ____ written schedule for inspections, ____ security devices, operating & structural prevention equipment?
8) Have facility personnel completed classroom/on-site training? ✓ Yes, ____ No.
   Are records maintained of: YES Job titles/names of employees ____ job descriptions, YES Type/amount of continuing training? → General description of duty with regard to DHS
9) Are general requirements for Ignitable, Reactive or Incompatible Wastes as required in 10.51.05.02 H addressed? ____ Yes, ____ No. SEE COMMENTS

B. Preparedness and Prevention (10.51.05.03)

1) Facility has the following equipment? YES Internal communication/alarm system for on-site personnel, YES device for summoning emergency assistance, YES adequate fire control equipment, water, & suppression chemicals, YES list of aforementioned equipment.
2) Does facility have adequate area for emergency movement? ✓ Yes, ____ No.

C. Contingency Plan and Emergency Procedures (10.51.05.04)

1) Does facility have an approved contingency plan for:
   YES Personnel to implement emergency procedures to fire, explosions, and unplanned releases to air, soil and water?
   YES Responding emergency units to provide assistance during emergency situations?
   YES A list of emergency equipment needed to cope with situation?
2) Are emergency response coordinators listed by name, address, & phone number? ✓ Yes, ____ No. NOT ADDRESS
3) Is there an evacuation plan if recommended? ✓ Yes, ____ No.
4) Are emergency coordinators available on twenty-four hour basis? ✓ Yes, ____ No.

D. Manifest System, Recordkeeping, and Reporting (10.51.05.05)

Facility has a written operating record which contains the following information:

1) ____ description & quantity of DHS received.
2) ____ method & date of DHS treatment, storage, or disposal.
3) ____ location & quantity at each DHS location in facility.
4) ____ detailed records & results of waste analysis & treatability tests performed.
5) ____ detailed operating summary reports.
6) ____ description of emergency incidents that required implementation of contingency plan.
7) ____ records & results of inspections of emergency equipment. TSD systems & hazardous waste areas.
8) Has facility retained, for at least 3 years, copies of all manifests? ____ Yes ____ No

THIS FACILITY IS A GENERATOR

PAGE (2) IS NOT APPLICABLE

E. Groundwater Monitoring (10.51.05.06)

1) Has facility implemented a groundwater monitoring program? _____Yes, _____No, _____N/A.
2) Are samples from the groundwater monitoring system being analyzed according to the groundwater sampling and analyses plan? _____Yes, _____No.
3) Is this plan set up in accordance with 10.51.05.06 C? _____Yes, _____No.
4) Has groundwater quality assessment program been prepared? _____Yes, _____No.
5) Are proper groundwater sampling and analyses records kept? _____Yes, _____No.
6) Are the necessary reports on groundwater monitoring information being forwarded to the Secretary? _____Yes, _____No.
7) Do the reports match the facility records? _____Yes, _____No.

F. Closure, Post-closure, and Financial Requirement (10.51.05.07 & .08)

1) Does the facility have an approved closure plan that meets the financial requirements? _____Yes, _____No.
2) For surface impoundments, land treatment, and landfills, does the facility have an approved post-closure plan that meets the financial requirements? _____Yes, _____No.
3) Does facility maintain liability insurance? _____Yes, _____No.

G. Container Management (10.51.05.09)

1) Are all containers: (a)_____ in good condition, i.e., no signs of leakage, corrosion, or any other deterioration/deformation; (b)_____ lined or made of compatible material such that hazardous wastes placed into them will not result in reaction or corrosion; (c)_____sealed during storage.
2) Are storage areas for hazardous waste containers inspected by owner/operator at least once a week? _____Yes, _____No.
3) Is an inspection log maintained? _____Yes, _____No.
4) Are containers holding ignitable or reactive waste located at least 50 feet from the facility's property line? _____Yes, _____No.
5) Are incompatible wastes placed in separate containers? _____Yes, _____No.
6) Are storage containers holding hazardous wastes which are incompatible with nearby materials stored in containers, tanks, piles, or surface impoundments separated by dikes, berms, walls, or other devices? _____Yes, _____No.

H. Tanks (10.51.05.10)

1) Are all tanks in good condition, i.e., no signs of leakage, corrosion, or any other deterioration: _____Yes, _____No.
2) Are uncovered tanks operated to ensure a minimum of two feet of freeboard? _____Yes, _____No.
   If not, is tank equipped with a containment structure (e.g., dike or trench), a drainage control system, or a diversion structure (e.g., standby tank) with a capacity that equals or exceeds the volume of top 2 ft. of the tank? _____Yes, _____No.
3) Are tanks with continuous inflow of hazardous waste equipped with a means to stop this inflow (e.g., waste feed cut-off system or by-pass to a standby tank)? _____Yes, _____No.
4) Are waste analyses conducted or written documentation obtained before placing a substantially different hazardous waste into tank used for storage or treatment? _____Yes, _____No.
5) Are daily inspections conducted for discharge control equipment (e.g., by-pass systems, waste feed cut-off systems and drainage systems)? _____Yes, _____No.
6) Is data gathered from monitoring equipment (e.g., pressure and temperature gauges) at least once each operating day? _____Yes, _____No.
7) Is the level of waste in the tank checked at least once each operating day? _____Yes, _____No.
8) Is (are) the tank(s) inspected weekly to detect corrosion or leaking of fixtures or seams? _____Yes, _____No.
9) Are the results of these inspections recorded in an inspection log or summary? _____Yes _____No.
10) Are ignitable or reactive wastes stored in tanks? _____Yes, _____No. If yes:
    a) Is the waste treated, rendered, or mixed before or immediately after placement in the tank so that the resulting waste, mixture, or dissolution of materials no longer meets the definition of ignitable or reactive wastes under Parts 261.21 or 261.23 of the RCRA Regulations? _____Yes _____No.
    b) Is waste stored or treated in such a way that it is protected from material or conditions which may cause the waste to ignite or react? _____Yes, _____No.
    c) Is owner/operator of a facility which treats or stores ignitable or reactive wastes in covered tanks in compliance with the National Fire Protection Association's (NEPA's) buffer zone requirements for tanks contained in tables 2-1 through 2-6 of the "Flammable and Combustible Code—1977"? _____Yes, _____No.

I. Surface Impoundments (10.51.05.11)

1) Is two feet of freeboard maintained in the surface impoundment? _____Yes, _____No.
2) Do all earthen dikes have protective covers (e.g., grass, shale or rock) to minimize wind and water erosion and to preserve dike structural integrity? _____Yes, _____No.
3) Are waste analyses conducted or written documentation obtained before placing a substantially different hazardous waste into a surface impoundment used for storage or treatment? _____Yes, _____No.
4) Is the freeboard level inspected daily? _____Yes, _____No.
5) Is the surface impoundment, including dikes and vegetation, inspected weekly to detect leaks, deterioration, or failures in the impoundment? _____Yes, _____No.
6) Are the results of these inspections recorded in an inspection log or summary? _____Yes, _____No.
7) Are ignitable or reactive wastes stored in a surface impoundment? _____Yes, _____No. If yes:
    a) Is the waste treated, rendered, or mixed before or immediately after placement in the impoundment so that the resulting waste, mixture or dissolution of material no longer meets the definition of ignitable or reactive waste under Parts 261.21 or 261.23 of the RCRA Regulations? _____Yes, _____No.
    b) Are incompatible wastes segregated in separate surface impoundments so that spontaneous reactions are avoided? _____Yes, _____No.

J. Waste Pile (10.51.05.12)

1) Is wind dispersal of the pile controlled? _____Yes, _____No, _____Not Needed.
2) Are additions to the pile being analyzed prior to adding them to the pile? _____Yes, _____No.
3) Is hazardous waste leachate or runoff collected? _____Yes, _____No. Is the pile protected from precipitation and run-on? _____Yes, _____No.
4) Are ignitible or reactive wastes protected from materials or conditions that might cause it to ignite or react? _____Yes, _____No, _____N/A.
5) Are incompatible wastes hauled in a manner as to assure separation? _____Yes, _____No, _____N/A.

K. Land Treatment (10.51.05.13)

1) Will the use of land treatment result in the waste being less hazardous or non-hazardous? _____Yes, _____No.
2) Is run-on diverted away from the active portion of the facility? _____Yes, _____No. Is run-off from the active portion of the facility collected? _____Yes, _____No.
3) Has the proper waste analyses been peformed? _____Yes, _____No.
4) If food chain crops are to be grown on the active portion of the facility has the necessary documentation required been provided? _____Yes, _____No.
5) Has the owner/operator written and implemented an unsaturated zone monitoring plan? _____Yes, _____No.
6) Have the additional requirements for a closure and post-closure plan been addressed? _____Yes, _____No.
7) Are ignitable or reactive wastes immediately incorporated into the soil? _____Yes, _____No.
8) Are incompatible wastes hauled according to 10.51.05.13 I? _____Yes, _____No.

L. Landfills (10.51.05.14)

1) Is run-on diverted away from the facility's active portions? _____Yes, _____No.
2) Is run-off collected from the landfill's active portions? _____Yes, _____No.
3) Has a hazardous waste determination been made on the run-off? (Identification and Listing of Hazardous Waste) _____Yes, _____No.
4) Is the landfill managed so as to control wind dispersal? _____Yes _____No.

5) Are the following items maintained in the operating record: _____on a map, the exact location and dimensions, including depth, of each cell with respect to permanently surveyed benchmarks? _____contents of each cell and approximate location of each hazardous waste type within the cell?
6) Are bulk, non-containerized or waste containing free liquids placed in the landfill? _____Yes, _____No. If yes: _____ is a leachate collection system available to remove leachate?, and _____is the liquid stabilized or treated physically or chemically prior to disposal?
7) Are empty containers crushed flat or shredded before burial in the landfill? _____Yes, _____No.
8) Are containers holding liquid wastes (or waste containing free liquids placed in the landfill? _____Yes, _____No. If yes, describe containers on comments below.
9) Are ignitable or reactive wastes placed in a landfill? _____Yes, _____No. If yes: _____Is the waste treated, rendered, or mixed before or immediately after placement in the landfill so that the resulting waste, mixture, or dissolution of material no longer meets the definition of ignitable or reactive waste? _____Are incompatible wastes segregated in different landfill cells?

M. Incinerator/Thermal Treatment (10.51.05.15 & .16)

1) Prior to burning waste not previously incinerated or thermally processed, does the operator conduct waste analysis for the following:
_____heating value of the waste;
_____halogen content and sulfur in the waste;
_____concentrations of lead and mercury unless documented data is available which show these elements not to be present?
2) Are instruments related to combustion and emission control monitored at least every 15 minutes? _____Yes, _____No.
3) Is the stack plume observed visually at least hourly for color and opacity? _____Yes, _____No, _____N/A.
4) Is the incinerator or thermal process and associated equipment inspected daily for leaks, spills and fugitive emissions? _____Yes, _____No.
5) Is all of the above information documented in the facility's operating record? _____Yes, _____No.

N. Chemical, Physical and Biological Treatment (10.51.05.17)

1) Are all treatment processes or equipment in good condition, i.e., no signs of leakage, corrosion or any other deterioration? _____Yes, _____No.
2) Are treatment processes or equipment with continuous inflow of hazardous waste equipped with a means to stop the inflow? (e.g., waste feed cutoff system or bypass system to a standby containment device) _____Yes, _____No.
3) Are waste analyses performed or written documentation obtained before placing a substantially different hazardous waste into treatment processes or equipment? _____Yes, _____No.
4) Is this information recorded in the facility's operating record? _____Yes, _____No.
5) Are daily inspections conducted for discharge control equipment (e.g., bypass systems, waste feed cutoff systems, drainage systems and pressure relief systems)? _____Yes, _____No.
6) Is data gathered from monitoring equipment (e.g., pressure and temperature gauges) daily? _____Yes, _____No.
7) Are construction materials of the treatment process or equipment and the immediate surrounding area inspected weekly for signs of leakage, corrosion or any other deterioration? _____Yes, _____No.
8) Are the results of these inspections recorded in an inspection log or summary? _____Yes, _____No.
9) Are ignitable or reactive wastes placed in a treatment process? _____Yes, _____No. If yes:
_____Are wastes treated, rendered, or mixed before or immediately after placement in the treatment process or equipment so that the resulting waste, mixture, or dissolution of material no longer meets the definition of ignitable or reactive wastes under Section 261.21 or 261.23 of the RCRA Regulations?
_____Are wastes treated in such a way that they are protected from any material or conditions which may cause the waste to ignite or react?
10) Are incompatible wastes kept from being placed in the same treatment process or equipment? _____Yes, _____No.

O. Permit Requirements (10.51.07)

1) Does the facility have a DHS permit for its activity? _____Yes, _____No.
If no, has the facility submitted an application for a DHS permit? _____Yes, _____No.
2) List any special Permit requirements that are not in full compliance.

Comments: THE OFFICIAL NAME OF THIS FACILITY HAS BEEN CHANGED TO OCCIDENTAL CHEMICAL CORPORATION. THIS FACILITY HAS ALWAYS DEALT WITH MARISOL, INC, Middlesex, NJ AS THE DISPOSAL FACILITY OF THEIR HAZARDOUS WASTE. (therefore Occidental Chem. Corp. have not utilized the Salley Rd Landfill). Notes regarding the most recent off-site shipments: A 91757 4/21/82 Waste Solvent, NOS Flammable, Methyl Ethyl Ketone Liquid 2450 Gal 49 DR F005, conc. 99.99% Hauler: Marisol, Inc. Middlesex, NJ. Facility: Marisol, Inc.; A 91758 6/22/82 Waste Solvent, NOS Flammable Methyl Ethyl Ketone Liquid 4000 Gal 80 DR F005 conc. 99.99% HAULER: S-J Transportation, Woodstown, NJ (an independent hauler; NJT 000009027), Facility: Marisol, Inc. On/Regarding the Generator section of the State of MD manifest, (CONTINUED NEXT PAGE)

Inspector's Name: L. Fortuna Title: Nat. Resource Bio. - Waste Mgmt. Admin.

Facility Location: OCCIDENTAL CHEMICAL CORPORATION SALISBURY, MARYLAND

Facility Rep. present during inspection: [illegible] Title: [illegible]

State of Maryland
Department of Health and Mental Hygiene
Office of Environmental Programs
201 West Preston Street, Baltimore, Maryland 21201

Report of Observations

Type of Inspection/Observations: DHS Inspection Form Date 06 / 23 / 83

Facility Name: OCCIDENTAL CHEMICAL CORPORATION SALISBURY, MARYLAND

Remarks: CONTINUED

the facility name and address was not completed on manifest # 91759 and only the address was present on manifest # 91758. This facility shall/must complete the facility name and address (in Generator Section) on the State of MD manifest forms. ON 4/6/83, a Hazardous Materials Training Session was conducted by Ilhan Palm, Traffic Mngr (from Pottstown facility) which covered placards, warning signs, hazard labels + markings, shipping containers, transporting DHS, shipping papers etc. Records are maintained of personnel who attend the training sessions. Records regarding job descriptions pertain to predominantly the job conducted and duties involved at the plant; with a general overall description of hazardous waste management. Contingency Plan and Emergency Procedures are maintained in their manual titled "Hazardous Materials Contingency Plan and Personnel Training". Regarding fire control equipment (Internal communication/alarm system): facility includes paging system, fire alarm stations, air horns for signaling emergencies, if sprinkler system goes off - siren alarm; CO_2 fire extinguishers, dry chemical extinguishers, 1½" hoses throughout plant, sprinkler system. Regarding waste analysis: Facility has not had their waste laboratory analyzed, but have a DATA SHEET consisting of the best estimate of the Waste Solvent → MEK 84%, Isopropyl Acetate 13.75%, Isopropyl Alcohol 2.25%. Oil Spill basin Area - no trucks have been unloading in this area since approx JAN. 1982. John Summers is presently filling out manifest and handling shipping (under B. Seldomridge supervision); Bob Hurley, Mixing Dept. Foreman, manages the fenced in storage area. Hazardous Waste Storage Area: contained 15 DR, earliest date starting accumulation date 6/11/82, drums all labelled, drums appeared in good condition.

A copy of this report was left at the facility for Barry Seldomridge, Plant Engineer.

Land Disposal Restriction Notification

Generator Name: OCCIDENTAL CHEM. Address: MARVEL Rd & GODDARD PKWY SALISBURY MD 21501.

Generator EPA ID Number: MDD056497589 Manifest Number MDC 024915 7

This form is submitted to OLDOVER CORP. in accordance with the regulations published by EPA in 40 CFR 268, which govern the land disposal of certain untreated hazardous wastes. In accordance with the waste analysis and recordkeeping requirements specified in 40 CFR 268.7, I have indicated how my waste must be managed to conform to the land disposal restrictions. "F" Solvent and California Listed Wastes are shown on the back of this form. Treatment standards for all waste codes and/or categories can be found in 40 CFR 268.

This is a Non-Wastewater unless this box is checked ☐ indicating Wastewater.

EPA Waste Code	Waste Description or Category/Constituent (Mark N/A if not Not Applicable)	Treatment Standard Reference and/or Treatment 5 Letter BDAT Treatment Code
D001	ignitable liquid	fuel substitute
D007	chromium	mg/l 5
D008	lead	mg/l 5

I am the generator of an untreated waste identified either above or on the back of this form which must be treated to the appropriate treatment standard set forth in 40 CFR 268. This information is based upon (check appropriate box) ☐ an analysis of the waste (attach if available); or ☐ knowledge of the waste stream or generating process.

Signature [signature] Title Env. Mgr. Date 9/12/91.

For each "F" solvent waste constituent present in this waste, it is listed below and the appropriate space is checked.

Waste Code: F005

The following is Table CCWE, 268.41 Treatment Standards expressed as concentrations in waste extract.

	Solvent Constituent	Wastewaters (mg/L)	Non-Wastewater (mg/L)
	Acetone	0.05	0.59
	n-Butyl Alcohol	5.0	5.0
	Carbon Disulfide	1.05	4.81
	Carbon Tetrachloride	0.05	0.96
	Chlorobenzene	0.15	0.05
	Cresols	2.82	0.75
	Cresylic Acid	2.82	0.75
X	Cyclohexanone	0.125	0.75
	1,2 Dichlorobenzene	0.66	0.125
	Ethyl Acetate	0.05	0.75
	Ethyl Benzene	0.05	0.053
	Ethyl Ether	0.05	0.75
	Isobutanol	5.0	5.0
	Methanol	0.25	0.75
	Methylene Chloride	0.20	0.96
X	Methyl Ethyl Ketone	0.05	0.75
X	Methyl Isobutyl Ketone	0.05	0.33
	Nitrobenzene	0.66	0.125
	Pyridine	1.12	0.33
	Tetrachloroethylene	0.079	0.05
X	Toluene	1.12	0.33
	1,1,1-Trichloroethane	1.05	0.41
	1,1,2-Trichloro-1,2,2-Trifluoroethane	1.05	0.96
	Trichloroethylene	0.062	0.091
	Trichlorofluoromethane	0.05	0.96
	Xylene	0.05	0.15

The following is Table CCW, 268.43 Treatment Standards expressed as waste concentrations (not an extract).

	1,1,2-Trichloroethane	0.03	7.6
	Benzene	0.07	3.7
	Methylene Chloride (Pharmaceutical)	0.44	N/A

California List Treatment Standards (Check the appropriate Box)

- ☐ Liquid hazardous wastes, including free liquid associated with any solid or sludge, containing free cyanides at concentrations greater than or equal to 1,000 mg/L. — **Cyanide reduction, or Solidification**

- ☐ Liquid hazardous wastes, including free liquids associated with any solid or sludge containing the following metals (or elements) or compounds of these metals (or elements) at concentrations greater than or equal to those specified below: — **Removal of compounds and/or solidification to pass PFT**

  - ☐ Arsenic and/or compunds (as As) 500 mg/l;
  - ☐ Cadmium and/or compounds (as Cd) 100 mg/l;
  - ☐ Chromium VI and/or compounds (as CR VI) 500 mg/l;
  - ☐ Lead and/or compounds (as Pb) 500 mg/l;
  - ☐ Mercury and/or compounds (as Hg) 20 mg/l;
  - ☐ Nickel and/or compounds (as NI) 134 mg/l;
  - ☐ Selenium and/or compounds (as Se) 100 mg/l;
  - ☐ Thallium and/or compounds (as TI) 130 mg/L

- ☐ Liquid Hazardous Waste having a pH less than or equal to two (2.0). — **Adjust pH or solidification**

- ☐ Liquid Hazardous Waste containing polychlorinated biphenyls (PCB's) at concentrations greater than or equal to 50 ppm. — **Incineration**

- ☐ Hazardous wastes liquid or solid containing halogenated organic compounds (HOC's) listed in Appendix III to 40 CFR 268 (List of Halogenated Organic Compounds Regulated under 268.32) in total concentration greater than or equal to 1,000 mg/kg., excepting, wastes already subject to a treatment standard for specific HOC, for example, the spent solvents above. — **Incineration**

Please print or type with ELITE type *(12 characters/inch)* in the unshaded areas only.

Form Approved OMB No. 158-S79016
GSA No. 0246-EPA-OT

EPA — U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law *(Section 3010 of the Resource Conservation and Recovery Act)*.

INSTALLATION'S EPA I.D. NO.: MDD056497589

I. NAME OF INSTALLATION: FIRESTONE TIRE & RUBBER CO

II. INSTALLATION MAILING ADDRESS: [illegible] Goddard Pkwy.,Box 14, Rt. 6
SALISBURY, MD 21801

III. LOCATION OF INSTALLATION: [illegible] Goddard Pkwy.,Box 14, Rt. 6
SALISBURY, MD 21801

RECEIVED
EPA REGION III
AUG 18 8000060249

DETACH A

FOR OFFICIAL USE ONLY

COMMENTS: C

INSTALLATION'S EPA I.D. NUMBER	APPROVED	DATE RECEIVED (yr., mo., & day)
S F MDD056497589 T/A 3 C 1		800818

I. NAME OF INSTALLATION
SALISBURY CONVERTING

II. INSTALLATION MAILING ADDRESS
STREET OR P.O. BOX: C3 GODDARD PKWY BOX 14 ROUTE 6

CITY OR TOWN: C4 SALISBURY — ST.: MD — ZIP CODE: 21801

III. LOCATION OF INSTALLATION
STREET OR ROUTE NUMBER: C5 GODDARD PKWY

CITY OR TOWN: C6 SALISBURY — ST.: MD — ZIP CODE: 21801

IV. INSTALLATION CONTACT
NAME AND TITLE *(last, first, & job title)*: C2 SELDOMRIDGE BARRY PLT ENGR

PHONE NO. *(area code & no.)*: 301-749-0344

V. OWNERSHIP
A. NAME OF INSTALLATION'S LEGAL OWNER: C8 FIRESTONE TIRE AND RUBBER CO

B. TYPE OF OWNERSHIP *(enter the appropriate letter into box)*: [ ]
F = FEDERAL
M = NON–FEDERAL

VI. TYPE OF HAZARDOUS WASTE ACTIVITY *(enter "X" in the appropriate box(es))*
- [X] A. GENERATION — deleted 3/23/81
- [X] B. TRANSPORTATION *(complete item VII)*
- [X] C. TREAT/STORE/DISPOSE
- [ ] D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION *(transporters only – enter "X" in the appropriate box(es))*
- [ ] A. AIR
- [ ] B. RAIL
- [X] C. HIGHWAY
- [ ] D. WATER
- [ ] E. OTHER *(specify)*:

III. FIRST OR SUBSEQUENT NOTIFICATION
ark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

- [X] A. FIRST NOTIFICATION
- [ ] B. SUBSEQUENT NOTIFICATION *(complete item C)*

C. INSTALLATION'S EPA I.D. NO.:

. DESCRIPTION OF HAZARDOUS WASTES
ase go to the reverse of this form and provide the requested information.

I.D. – FOR OFFICIAL USE ONLY

S												T/A	C
W	M	D	D	0	5	6	4	9	7	5	8	9	2	1
1	2										13	14	15

DESCRIPTION OF HAZARDOUS WASTES *(continued from front)*

A. HAZARDOUS WASTES FROM NON–SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.31 for each listed hazardous waste from non–specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
~~U159~~					
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four–digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
U159					
37	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four–digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. CHARACTERISTICS OF NON–LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non–listed hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 – 261.24.)*

- [X] 1. IGNITABLE (D001)
- [ ] 2. CORROSIVE (D002)
- [ ] 3. REACTIVE (D003)
- [X] 4. TOXIC (D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED
Norman S. Grubb	N. S. Grubb, Plant Manager	8/18/80

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION III
841 Chestnut Building
Philadelphia, Pennsylvania 19107

JBJECT: RCRA Inspection [redacted] **DATE:** 7/29/87

IOM: Vernon Butler, Environmental Engineer
DELMARVA/DC/WV RCRA Enforcement Section (3HW15)

): FILE

U: John A. Armstead, Chief
DELMARVA/DC/WV RCRA Enforcement Section (3HW15)

THE STATE IS TAKING ACTION TO RESOLVE THE VIOLATIONS IN THIS INSPECTION REPORT.

WE WILL MONITOR THE STATE ACTIVITY REGARDING THESE VIOLATIONS.

Attachment

State of Maryland
Department of Health and Mental Hygiene
Office of Environmental Programs
201 West Preston Street, Baltimore, Maryland 21201

Report of Observations

Type of Inspection/Observations: _____ Date _____

Facility Name: _____

Remarks: _____

Observer: _____ Person Interviewed: _____

Occidental Chemical

State of Maryland
Department of Health and Mental Hygiene
Office of Environmental Programs
201 W. Preston St., Balto. MD 21201

DHS Inspection Form
Generators/TSD Facilities

YR 86 MO 10 DY 16

TIME 1549

EPA ID Number: MDD 054 975 899

TELEPHONE: 301-548-7763

Owner/Operator: Hooker Chemical Co. Facility Name: Occidental Chemical Corp.

Address: Rt 11, Box 37, Salisbury MD Zip 21801

Description of Work Activity: Manufacturer of PVC sheets from PVC resin.

I. Generators

A. Description (10.51.03.01-.03)

1) Does the Facility generate or has it accumulated those quantities of hazardous waste described in 10.51.02.05 C.? ___Yes, ✓No.
2) Has the facility obtained an EPA identification number? ✓Yes, ___No.
3) Describe the amount of waste generated. (day, week or month) 5000 -- from entire month.
4) Under which category is the waste(s)? ✓Ignitable ✓Reactive ___Corrosive ___EP Toxic ✓RCRA Listed

N/A

B. Manifest (10.51.03.04)

1) Is Maryland manifest system in operation for off-site shipment? ✓Yes, ___No.
2) Is TSD Facility to receive DHS identified by ✓Name, ✓Address, ✓EPA ID Number?
3) Is alternate facility identified? ___Yes, ✓No.
4) Is generator identified by ✓Name, ✓Address, ___Telephone Number, ✓MD/EPA ID Number?
5) Is each transporter identified by ✓Name, ✓EPA ID Number, ✓Maryland Certification Number?
6) Is waste property described? ✓Yes, ___No.
7) Is shipment date marked? ✓Yes, ___No.
8) Is quantity of waste described by ✓Unit of Weight, ✓Volume?
9) Are containers to be loaded identified by ✓Type, ✓Number?
10) Is proper certification noted and signed by generator? ✓Yes, ___No.
11) Are adequate copies available for operator, transporter and TSD? ✓Yes, ___No.

C. Pre-Transport Requirements (10.51.03.05)

1) Is each container marked with date accumulation began? ✓Yes, ___No. If yes, has any waste been stored over 90 days? ___Yes, ✓No. How much ___
2) Are containers in good condition? ✓Yes, ___No. If no, explain ___
3) Are containers properly labeled? ✓Yes, ___No.
4) Does generator have approved emergency contingency plan? ___Yes, ___No.

D. Recordkeeping and Reporting (10.51.03.06)

1) Does the generator have: copies of all signed manifests from the previous three years? ✓Yes, ___No; copies of each Annual Report and Exception Report? ✓Yes, ___No.
2) Does the generator retain, for a period of three years, all wastes analyses? ✓Yes, ___No.
3) Has the generator filed Exception Reports as required by 10.51.03.06 C? ___Yes, ✓No.

II. Treatment, Storage, Disposal (TSD)

A. Site characterization (10.51.05.02)

1) Facility Type

___Thermal Treatment ___Biological Treatment
___Recycling/Recovery ___Land Treatment
___Waste Oil ___Incineration
___Chemical Treatment ___Landfill Operation
___Physical Treatment ___Below Ground Tanks
___Open Pile ___Other ___
___Surface Impoundment ___
___Drums ___
___Above Ground Tank(s) ___

N/A

N/A

2) Does facility generate DHS? ___Yes, ___No.
3) Does facility have waste analysis plan? ___Yes, ___No. If yes, are the procedures of that plan being followed? ___Yes, ___No.
4) Can facility personnel identify DHS being handled? ___Yes, ___No.
5) Can facility personnel confirm that DHS received equal those on manifest form? ___Yes, ___No.
6) Is there a 24-Hour surveillance system to monitor active portion of facility? ___Yes, ___No.
If No, is there an artificial or natural boundary? ___Yes, ___No. Is there a means to control entry? ___Yes, ___No. Is there a restricted access sign posted? ___Yes, ___No.
7) Does facility have: ___emergency equipment inspection log, ___written schedule for inspections, ___security devices, operating & structural prevention equipment?
8) Have facility personnel completed classroom/on-site training? ✓Yes, ___No.
Are records maintained of: ___Job titles/names of employees ___job descriptions, ___Type/amount of continuing training?
9) Are general requirements for Ignitable, Reactive or Incompatible Wastes as required in 10.51.05.02 H addressed? ___Yes, ___No.

B. Preparedness and Prevention (10.51.05.03)

1) Facility has the following equipment? ✓Internal communication/alarm system for on-site personnel, ✓device for summoning emergency assistance, ✓adequate fire control equipment, water, & suppression chemicals, ✓list of aforementioned equipment.
2) Does facility have adequate area for emergency movement? ✓Yes, ___No.

C. Contingency Plan and Emergency Procedures (10.51.05.04)

1) Does facility have an approved contingency plan for: ✓Personnel to implement emergency procedures to fire, explosions, and unplanned releases to air, soil and water?
✓Responding emergency units to provide assistance during emergency situations?
✓A list of emergency equipment needed to cope with situation?
2) Are emergency response coordinators listed by name, address, & phone number? ✓Yes, ___No.
3) Is there an evacuation plan if recommended? ___Yes, ✓No.
4) Are emergency coordinators available on twenty-four hour basis? ✓Yes, ___No.

D. Manifest System, Recordkeeping, and Reporting (10.51.05.05)

Facility has a written operating record which contains the following information:

1) ___description & quantity of DHS received.
2) ___method & date of DHS treatment, storage, or disposal.
3) ___location & quantity at each DHS location in facility.
4) ___detailed records & results of waste analysis & treatability tests performed.
5) ___detailed operating summary reports.
6) ___description of emergency incidents that required implementation of contingency plan.
7) ___records & results of inspections of emergency equipment. TSD systems & hazardous waste areas.
8) Has facility retained, for at least 3 years, copies of all manifests? ___Yes ___No

E. Groundwater Monitoring (10.51.05.06)

1) Has facility implemented a groundwater monitoring program? _____Yes, _____No, _____N/A.
2) Are samples from the groundwater monitoring system being analyzed according to the groundwater sampling and analyses plan? _____Yes, _____No.
3) Is this plan set up in accordance with 10.51.05.06 C? _____Yes, _____No.
4) Has groundwater quality assessment program been prepared? _____Yes, _____No.
5) Are proper groundwater sampling and analyses records kept? _____Yes, _____No.
6) Are the necessary reports on groundwater monitoring information being forwarded to the Secretary? _____Yes, _____No.
7) Do the reports match the facility records? _____Yes, _____No.

F. Closure, Post-closure, and Financial Requirement (10.51.05.07 & .08)

1) Does the facility have an approved closure plan that meets the financial requirements? _____Yes, _____No.
2) For surface impoundments, land treatment, and landfills, does the facility have an approved post-closure plan that meets the financial requirements? _____Yes, _____No.
3) Does facility maintain liability insurance? _____Yes, _____No.

G. Container Management (10.51.05.09)

1) Are all containers: (a)_____ in good condition, i.e., no signs of leakage, corrosion, or any other deterioration/deformation; (b)_____ lined or made of compatible material such that hazardous wastes placed into them will not result in reaction or corrosion; (c)_____sealed during storage.
2) Are storage areas for hazardous waste containers inspected by owner/operator at least once a week? _____Yes, _____No.
3) Is an inspection log maintained? _____Yes, _____No.
4) Are containers holding ignitable or reactive waste located at least 50 feet from the facility's property line? _____Yes, _____No.
5) Are incompatible wastes placed in separate containers? _____Yes, _____No.
6) Are storage containers holding hazardous wastes which are incompatible with nearby materials stored in containers, tanks, piles, or surface impoundments separated by dikes, berms, walls, or other devices? _____Yes, _____No.

H. Tanks (10.51.05.10)

1) Are all tanks in good condition, i.e., no signs of leakage, corrosion, or any other deterioration: _____Yes, _____No.
2) Are uncovered tanks operated to ensure a minimum of two feet of freeboard? _____Yes, _____No.
If not, is tank equipped with a containment structure (e.g., dike or trench), a drainage control system, or a diversion structure (e.g., standby tank) with a capacity that equals or exceeds the volume of top 2 ft. of the tank? _____Yes, _____No.
3) Are tanks with continuous inflow of hazardous waste equipped with a means to stop this inflow (e.g., waste feed cut-off system or by-pass to a standby tank)? _____Yes, _____No.
4) Are waste analyses conducted or written documentation obtained before placing a substantially different hazardous waste into tank used for storage or treatment? _____Yes, _____No.
5) Are daily inspections conducted for discharge control equipment (e.g., by-pass systems, waste feed cut-off systems and drainage systems)? _____Yes, _____No.
6) Is data gathered from monitoring equipment (e.g., pressure and temperature gauges) at least once each operating day? _____Yes, _____No.
7) Is the level of waste in the tank checked at least once each operating day? _____Yes, _____No.
8) Is (are) the tank(s) inspected weekly to detect corrosion or leaking of fixtures or seams? _____Yes, _____No.
9) Are the results of these inspections recorded in an inspection log or summary? _____Yes _____No.
10) Are ignitable or reactive wastes stored in tanks? _____Yes, _____No. If yes:
    a) Is the waste treated, rendered, or mixed before or immediately after placement in the tank so that the resulting waste, mixture, or dissolution of materials no longer meets the definition of ignitable or reactive wastes under Parts 261.21 or 261.23 of the RCRA Regulations?
    b) Is waste stored or treated in such a way that it is protected from material or conditions which may cause the waste to ignite or react? _____Yes, _____No.
    c) Is owner/operator of a facility which treats or stores ignitable or reactive wastes in covered tanks in compliance with the National Fire Protection Association's (NEPA's) buffer zone requirements for tanks contained in tables 2-1 through 2-6 of the "Flammable and Combustible Code—1977"? _____Yes, _____No.

I. Surface Impoundments (10.51.05.11)

1) Is two feet of freeboard maintained in the surface impoundment? _____Yes, _____No.
2) Do all earthen dikes have protective covers (e.g., grass, shale or rock) to minimize wind and water erosion and to preserve dike structural integrity? _____Yes, _____No.
3) Are waste analyses conducted or written documentation obtained before placing a substantially different hazardous waste into a surface impoundment used for storage or treatment? _____Yes, _____No.
4) Is the freeboard level inspected daily? _____Yes, _____No.
5) Is the surface impoundment, including dikes and vegetation, inspected weekly to detect leaks, deterioration, or failures in the impoundment? _____Yes, _____No.
6) Are the results of these inspections recorded in an inspection log or summary? _____Yes, _____No.
7) Are ignitable or reactive wastes stored in a surface impoundment? _____Yes, _____No. If yes:
    a) Is the waste treated, rendered, or mixed before or immediately after placement in the impoundment so that the resulting waste, mixture or dissolution of material no longer meets the definition of ignitable or reactive waste under Parts 261.21 or 261.23 of the RCRA Regulations? _____Yes, _____No.
    b) Are incompatible wastes segregated in separate surface impoundments so that spontaneous reactions are avoided? _____Yes, _____No.

J. Waste Pile (10.51.05.12)

1) Is wind dispersal of the pile controlled? _____Yes, _____No, _____Not Needed.
2) Are additions to the pile being analyzed prior to adding them to the pile? _____Yes, _____No.
3) Is hazardous waste leachate or runoff collected? _____Yes, _____No. Is the pile protected from precipitation and run-on? _____Yes, _____No.
4) Are ignitible or reactive wastes protected from materials or conditions that might cause it to ignite or react? _____Yes, _____No, _____N/A.
5) Are incompatible wastes hauled in a manner as to assure separation? _____Yes, _____No, _____N/A.

K. Land Treatment (10.51.05.13)

1) Will the use of land treatment result in the waste being less hazardous or non-hazardous? _____Yes, _____No.
2) Is run-on diverted away from the active portion of the facility? _____Yes, _____No. Is run-off from the active portion of the facility collected? _____Yes, _____No.
3) Has the proper waste analyses been peformed? _____Yes, _____No.
4) If food chain crops are to be grown on the active portion of the facility has the necessary documentation required been provided? _____Yes, _____No.
5) Has the owner/operator written and implemented an unsaturated zone monitoring plan? _____Yes, _____No.
6) Have the additional requirements for a closure and post-closure plan been addressed? _____Yes, _____No.
7) Are ignitable or reactive wastes immediately incorporated into the soil? _____Yes, _____No.
8) Are incompatible wastes hauled according to 10.51.05.13 I? _____Yes, _____No.

L. Landfills (10.51.05.14)

1) Is run-on diverted away from the facility's active portions? _____Yes, _____No.
2) Is run-off collected from the landfill's active portions? _____Yes, _____No.
3) Has a hazardous waste determination been made on the run-off? (Identification and Listing of Hazardous Waste) _____Yes, _____No.
4) Is the landfill managed so as to control wind dispersal?

5) Are the following items maintained in the operating record: _____on a map, the exact location and dimensions, including depth, of each cell with respect to permanently surveyed benchmarks?_____contents of each cell and approximate location of each hazardous waste type within the cell?
6) Are bulk, non-containerized or waste containing free liquids placed in the landfill? _____Yes, _____No. If yes: _____ is a leachate collection system available to remove leachate?, and _____is the liquid stabilized or treated physically or chemically prior to disposal?
7) Are empty containers crushed flat or shredded before burial in the landfill? _____Yes, _____No.
8) Are containers holding liquid wastes (or waste containing free liquids placed in the landfill? _____Yes, _____No. If yes, describe containers on comments below.
9) Are ignitable or reactive wastes placed in a landfill? _____Yes, _____No. If yes: _____Is the waste treated, rendered, or mixed before or immediately after placement in the landfill so that the resulting waste, mixture, or dissolution of material no longer meets the definition of ignitable or reactive waste? _____Are incompatible wastes segregated in different landfill cells?

M. Incinerator/Thermal Treatment (10.51.05.15 & .16)

1) Prior to burning waste not previously incinerated or thermally processed, does the operator conduct waste analysis for the following:
_____heating value of the waste;
_____halogen content and sulfur in the waste;
_____concentrations of lead and mercury unless documented data is available which show these elements not to be present?
2) Are instruments related to combustion and emission control monitored at least every 15 minutes? _____Yes, _____No.
3) Is the stack plume observed visually at least hourly for color and opacity? _____Yes, _____No, _____N/A.
4) Is the incinerator or thermal process and associated equipment inspected daily for leaks, spills and fugitive emissions? _____Yes, _____No.
5) Is all of the above information documented in the facility's operating record? _____Yes, _____No.

N. Chemical, Physical and Biological Treatment (10.51.05.17)

1) Are all treatment processes or equipment in good condition, i.e., no signs of leakage, corrosion or any other deterioration? _____Yes, _____No.
2) Are treatment processes or equipment with continuous inflow of hazardous waste equipped with a means to stop the inflow? (e.g., waste feed cutoff system or bypass system to a standby containment device) _____Yes, _____No.
3) Are waste analyses performed or written documentation obtained before placing a substantially different hazardous waste into treatment processes or equipment? _____Yes, _____No.
4) Is this information recorded in the facility's operating record? _____Yes, _____No.
5) Are daily inspections conducted for discharge control equipment (e.g., bypass systems, waste feed cutoff systems, drainage systems and pressure relief systems)? _____Yes, _____No.
6) Is data gathered from monitoring equipment (e.g., pressure and temperature gauges) daily? _____Yes, _____No.
7) Are construction materials of the treatment process or equipment and the immediate surrounding area inspected weekly for signs of leakage, corrosion or any other deterioration? _____Yes, _____No.
8) Are the results of these inspections recorded in an inspection log or summary? _____Yes, _____No.
9) Are ignitable or reactive wastes placed in a treatment process? _____Yes, _____No. If yes:
_____Are wastes treated, rendered, or mixed before or immediately after placement in the treatment process or equipment so that the resulting waste, mixture, or dissolution of material no longer meets the definition of ignitable or reactive wastes under Section 261.21 or 261.23 of the RCRA Regulations?
_____Are wastes treated in such a way that they are protected from any material or conditions which may cause the waste to ignite or react?
10) Are incompatible wastes kept from being placed in the same treatment process or equipment? _____Yes, _____No.

O. Permit Requirements (10.51.07)

1) Does the facility have a DHS permit for its activity? _____Yes, _____No.
If no, has the facility submitted an application for a DHS permit? _____Yes, _____No.
2) List any special Permit requirements that are not in full compliance.

_____

_____

_____

_____

_____

_____

Comments: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Inspector's Name: _____ Title: _____

Facility Location: _____

Facility Rep. present during inspection: _____ Title: _____